

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000158749

1. Entity Name
ABSOLUTE LIQUOR OF CHARLOTTE, INC.



Principal Place of Business

**12781 S TAMiami TRAIL
NORTH PORT, FL 34287**

Mailing Address

**12781 S TAMiami TRAIL
NORTH PORT, FL 34287**



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1954379

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DRAKE, J KEVIN
1432 FIRST STREET
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000597252
01/24/07-80029-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHALLER, JOHN E
STREET ADDRESS	7603 SADDLE CREEK TRAIL
CITY- ST- ZIP	SARASOTA, FL 34241
TITLE	D
NAME	SCHALLER, MICHELE M
STREET ADDRESS	7603 SADDLE CREEK TRAIL
CITY- ST- ZIP	SARASOTA, FL 34241
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

M. Schaller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-07

Date

941-423-5888

Daytime Phone #