## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P05000004619

1. Entity Name BK WINE & SPIRITS, INC.



FILED Apr 10, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

1319 MAIN ST

1319 MAIN ST

SARASOTA, FL. 34236

SARASOTA, FL 34236



DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2458379

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 famillar with, and accept the obligations of registered agent.					
SIGNATURE					
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing 🗀	\$5.00 May Be Added to Fees	
10.	10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDS, ROBERT L 1319 MAIN ST SARASOTA, FL 34236			U00000697424	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARR, KENNETH 1319 MAIN ST SARASOTA, FL 34236				04/18/07-80039-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE			•		

12. Thereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

POGG

1-12・17

365-0469

Daytime Phone #