


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000004619</b>	
1. Entity Name BK WINE & SPIRITS, INC.	

Principal Place of Business 1319 MAIN ST SARASOTA, FL 34236	Mailing Address 1319 MAIN ST SARASOTA, FL 34236
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**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 <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDS, ROBERT L 1319 MAIN ST SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARR, KENNETH 1319 MAIN ST SARASOTA, FL 34236
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 04/18/07-80039-014 150.00

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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:** *Robert L. Richards* **ROBERT L. RICHARDS PRES** **1-13-07** **365-0469** <sup>941</sup>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #