2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000010011

1. Entity Name

BOTTLES BLOCKS & BOOKS, INC.



FILED Jan 30, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2772 SANTA BARBARA BOULEVARD NAPLES, FL 34116 2772 SANTA BARBARA BOULEVARD NAPLES, FL 34116



01092007

No Chg-P

CR2E034 (11/05)

4. FEI Number 75-3179480 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEEPLES, C. PERRY ESQ. 5551 RIDGEWOOD DRIVE SUITE 101 NAPLES, FL 34108

DO NOT WRITE IN THIS SPACE

| The above named entity submits this statement for the obligations of registered agent. | e purpose of changing its registered | d office or registered agent, o | r both, in the State of Fiorida. I am familiar with, and accep | t | |
|---|--|--|--|------|--|
| SIGNATURE | | | | | |
| Signature, typed or printed name of registered agent and t | rtle if applicable (NOTE: Registered | Agent signature required when reinstatir | g) DATE | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | Election Campaign Financ Trust Fund Contribution. | ing \$5.00 May B Added to Fees | 0 | i | |
| 10. OFFICERS AND DIF | RECTORS | | | | |
| ITITLE D MAME BECTHOLD, CAROL RUTH STREET ADDRESS 2772 SANTA BARBARA BOULEVAL CITY-SI-ZIP NAPLES, FL 34116 | BECTHOLD, CAROL RUTH RESS 2772 SANTA BARBARA BOULEVARD | | 900000611214 | | |
| NAME Street Address City-St-Zip | | | 02/02/07-80053-007 150 | . 00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | D | O NOT WRITE | | |
| title Name. Street address City-St-Zip | | IN | I THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | | |
| ITTLE VAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 49 I bacabu aggit shat the information committed with this | a filling along the second at the first the second | ontione contained in Chapter | 110 Florida Statutos I further contifu that the information | - 1 | |

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:

RIGHATURE AND TYPED OR PRINTED NAME OF SIGNING DEDICER OR DIRECT

1-9-07

1139-455-7575

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Daytime Phone #