

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000091271

FILED
Apr 16, 2009
Secretary of State

Entity Name: PARADISE POINTE LIQUORS, INC.

Current Principal Place of Business:

255 MIRACLE STRIP PARKWAY SE
SUITE B1
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

919 HOSPITAL DRIVE
NICEVILLE, FL 32578 US

New Mailing Address:

139H BEAL PARKWAY SE
FT. WALTON BEACH, FL 32548 US

FEI Number: 20-3057271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLEY, CHARLES R JR
919 HOSPITAL DR
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

KELLEY, CHARLES R JR
139H BEAL PARKWAY SE
FT. WALTON BEACH, FL 32548 US

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.

SIGNATURE: CHARLES R. KELLEY, JR

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KELLEY, CHARLES R JR
Address: 919 HOSPITAL DRIVE
City-St-Zip: NICEVILLE, FL 32578 US

Title: S,T () Delete
Name: KELLEY, MICHAEL A
Address: 919 HOSPITAL DRIVE
City-St-Zip: NICEVILLE, FL 32578 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KELLEY, CHARLES R JR
Address: 139H BEAL PARKWAY SE
City-St-Zip: FT. WALTON BEACH, FL 32548 US

Title: S,T (X) Change () Addition
Name: KELLEY, MICHAEL A
Address: 139H BEAL PARKWAY SE
City-St-Zip: FT. WALTON BEACH, FL 32548 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES R. KELLEY, JR

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date