## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000150475

Entity Name: COASTAL LIQUORS II, INC

FILED Jan 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13639 LEGENDS WALK TERRACE 5628 FISHHAWK CROSSING BLVD.

BRADENTON, FL 34202 LITHIA, FL 33547

Current Mailing Address: New Mailing Address:

13639 LEGENDS WALK TERRACE 8314 MARKET STREET BRADENTON, FL 34202 BRADENTON, FL 34202

FEI Number: 20-3771831 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JENKINS, KIMBERLY S
13639 LEGENDS WALK TERRACE

JENKINS, KIMBERLY S
6610 CHICKADEE LANE

BRADENTON, FL 34202 US BRADENTON, FL 34202 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: KIMBERLY S. JENKINS 01/05/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D ( ) Delete Title: P,D (X) Change ( ) Addition Name: JENKINS, MARK Name: JENKINS, MARK

 Name:
 JENKINS, MARK
 Name:
 JENKINS, MARK

 Address:
 13639 LEGENDS WALK TERRACE
 Address:
 6610 CHICKADEE LANE

 City-St-Zip:
 BRADENTON, FL 34202
 City-St-Zip:
 BRADENTON, FL 34202

Title: STD ( ) Delete Title: STD (X) Change ( ) Addition

 Name:
 JENKINS, KIMBERLY S
 Name:
 JENKINS, KIMBERLY S

 Address:
 13639 LEGENDS WALK TERRACE
 Address:
 6610 CHICKADEE LANE

 City-St-Zip:
 BRADENTON, FL 34202
 City-St-Zip:
 BRADENTON, FL 34202

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 PHILLIPS, ROSALIE L
 Name:

 Address:
 13639 LEGENDS WALK TERRACE
 Address:

 City-St-Zip:
 BRADENTON, FL 34202
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KIMBERLY S. JENKINS STD 01/05/2007