
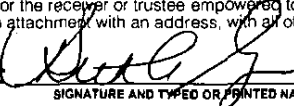


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90005 047 \*\*\*150.00

<b>DOCUMENT # P06000056725</b> 1. Entity Name <b>EGGHEAD WINE COMPANY INC.</b>					
Principal Place of Business <b>33 MEADOW BROOK LANE</b> <b>ORMOND BEACH, FL 32174 US</b>			Mailing Address <b>33 MEADOW BROOK LANE</b> <b>ORMOND BEACH, FL 32174 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1029 S. Nova Rd.</b> Suite, Apt. #, etc. <b>Ste. C</b> City & State <b>Ormond Beach</b> Zip <b>32174</b> Country <b>Volusia</b>		3. Mailing Address <b>1029 S. Nova Rd.</b> Suite, Apt. #, etc. <b>Ste. C</b> City & State <b>Ormond Beach</b> Zip <b>32174</b> Country <b>Volusia</b>			
4. FEI Number <b>20-4785648</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03212007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>EGGLESTON, BETH</b> <b>33 MEADOW BROOK LANE</b> <b>ORMOND BEACH, FL 32174</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>EGGLESTON, BETH</b> <b>33 MEADOW BROOK LANE</b> <b>ORMOND BEACH, FL 32174</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 			03/21/07 386-547-5644		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		