## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 02, 2007 8:00 am Secretary of State DOCUMENT # P06000098313 05-02-2007 90055 011 \*\*\*150.00 ARGYLE DISCOUNT BEVERAGE, INC. Principal Place of Business Mailing Address 6625 ARGYLE FOREST BLVD 6625 ARGYLE FOREST BLVD JACKSONVILLE, FL 32244 JACKSONVILLE, FL 32244 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-5285042 Not Applicable Zíp Country Country \$8.75 Additional 5. Certificate of Status Desired . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THAM, MARGARET Street Address (P.O. Box Number is Not Acceptable) 550 ACORNRIDGE LN ORANGE PARK, FL 32056-5 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSD TILE ☐ Delete TITLE Change ☐ Addition THAM, MARGARET NAME NAME STREET ADDRESS 550 ACORNRIDGE LN STREET ADDRESS ORANGE PARK, FL 32065 CITY-ST-ZIP CITY-ST-7IP TITLE VPTD Detete TITLE ☐ Addition ☐ Channe NAME THOIM, VANNYCOL 3646 HIGHLAND GLEN WAY W STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32224 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

VANNYCOL Thom

**FILED** 

904-573-9457