



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90020 014 ***150.00

DOCUMENT # P06000098313 1. Entity Name ARGYLE DISCOUNT BEVERAGE, INC.																																																																													
Principal Place of Business 6625 ARGYLE FOREST BLVD 4 JACKSONVILLE, FL 32244 US			Mailing Address 6625 ARGYLE FOREST BLVD 4 JACKSONVILLE, FL 32244 US																																																																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 04172008 Chg-P CR2E034 (12/06)																																																																									
City & State		City & State																																																																											
Zip	Country	Zip	Country																																																																										
4. FEI Number 20-5285042		Applied For <input type="checkbox"/> Not Applicable																																																																											
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent THAM, MARGARET 550 ACORN RIDGE LN ORANGE PARK, FL 32056-5																																																																									
7. Name and Address of New Registered Agent Name KONG CHOU Street Address (P.O. Box Number is Not Acceptable) 4481 SUMMER HAVEN BLVD S City JACKSONVILLE FL Zip Code 32254																																																																													
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 <u>X <i>Kong Chou</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">PSD</td> <td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>THAM, MARGARET</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>550 ACORN RIDGE LN</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>ORANGE PARK, FL 32065</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">VPTD</td> <td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>THOIM, VANNYCOL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3646 HIGHLAND GLEN WAY W</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>JACKSONVILLE, FL 32224</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PSD	<input checked="" type="checkbox"/> Delete	NAME	THAM, MARGARET		STREET ADDRESS	550 ACORN RIDGE LN		CITY- ST- ZIP	ORANGE PARK, FL 32065		TITLE	VPTD	<input checked="" type="checkbox"/> Delete	NAME	THOIM, VANNYCOL		STREET ADDRESS	3646 HIGHLAND GLEN WAY W		CITY- ST- ZIP	JACKSONVILLE, FL 32224		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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: <u>X <i>Kong Chou</i></u>		<u>KONG CHOU</u>		<u>4/18/08</u> <u>904-333-1724</u>																																																																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #																																																																									