

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000002891

1. Entity Name
BDC LIQUORS, INC.



Principal Place of Business
401 W. COLONIAL DR.
STE. 7
ORLANDO, FL 32804 US

Mailing Address
401 W. COLONIAL DR.
STE. 7
ORLANDO, FL 32804 US

DO NOT WRITE IN THIS SPACE



02062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3155389	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MACARTHUR, WILLIAM H
401 W. COLONIAL DRIVE
SUITE 7
ORLANDO, FL 32804

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000050796
02/16/04-80025-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MACARTHUR, WILLIAM H
STREET ADDRESS	401 W. COLONIAL DRIVE, SUITE #7
CITY - ST - ZIP	ORLANDO, FL
TITLE	VST
NAME	PARIS, DANIEL W
STREET ADDRESS	401 W COLONIAL DRIVE SUITE #7
CITY - ST - ZIP	ORLANDO, FL
TITLE	V
NAME	POMA, ANTHONY
STREET ADDRESS	401 W COLONIAL DRIVE SUITE #7
CITY - ST - ZIP	ORLANDO, FL
TITLE	AST
NAME	CONANT, ELIZABETH
STREET ADDRESS	401 W. COLONIAL DRIVE SUITE 7
CITY - ST - ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Elizabeth Conant* ELIZABETH CONANT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/04

Date

407-425-8276

Daytime Phone #