


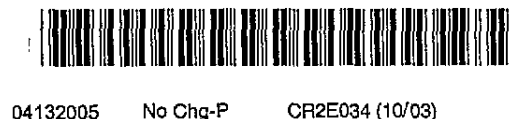
2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005 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



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

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000325557 04/23/05-80021-011 150.00
---	--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MACARTHUR, WILLIAM H 401 W. COLONIAL DRIVE, SUITE #7 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST PARIS, DANIEL W 401 W COLONIAL DRIVE SUITE #7 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V POMA, ANTHONY 401 W COLONIAL DRIVE SUITE #7 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AST CONANT, ELIZABETH 401 W. COLONIAL DRIVE SUITE 7 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 C. Conant ELIZABETH CONANT 4/21/05 407-925-8276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #