

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

07-13-2005 90019 043 \*\*\*150.00  
P92000004057

FILED

05 JUL 25 PM 12:38

SECRET  
TALLAHASSEE, FL  
14018858



07012005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3150127

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

LEWANDOWSKI, BARBARA  
6286 COMMERCIAL WAY  
BROOKSVILLE, FL 34613

**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 \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                       |
|----------------|-----------------------|
| TITLE          | DPST                  |
| NAME           | LEWANDOWSKI, BARBARA  |
| STREET ADDRESS | 6286 COMMERCIAL WAY   |
| CITY- ST- ZIP  | BROOKSVILLE, FL 34613 |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY- ST- ZIP  |                       |
| TITLE          |                       |
| NAME           |                       |
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| 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: Barbara Lewandosh  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-05  
Date

Daytime Phone #

ATTACHMENT

14018858

Weeki Wachee Liquors, Inc.  
6286 Commercial Way  
Brooksville, FL 34613

June 30, 2005

Division of Corporations  
Post Office Box 6198  
Tallahassee, FL 32314

Re: P92000004057

Dear Sirs:

I am in receipt of your notice of intent to dissolve my corporation. I did not receive any prior notification from the Division of the filing of this form. Therefore, I respectfully request you process the enclosed 2005 Annual Report, along with my \$150.0 check.

Thank you.

Sincerely,

*Barbara Lewandowski*

Barbara Lewandowski

BL/  
Enclosures