2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000034428

1. Entity Name
JOHNSON BROTHERS LIQUOR COMPANY OF FLORIDA

Principal Place of Business	Mailing Address
4520 S CHURCH AVE. TAMPA, FL 33611 US	PO BOX 13489 TAMPA, FL 33681 US

03312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3188427
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, JIM JR
4520 S CHURCH AVE
TAMPA, FL 33611

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	CDP
NAME	JOHNSON, LYNN
STREET ADDRESS	1999 SHERPARD ROAD
CITY-ST-ZIP	SAINT PAUL, MN 55116
TITLE	D
NAME	BELSAAS, SCOTT
STREET ADDRESS	1999 SHERPARD ROAD
CITY-ST-ZIP	SAINT PAUL, MN 55116
TITLE	V
NAME	JOHNSON, MICHAEL
STREET ADDRESS	1999 SHERPARD ROAD
CITY-ST-ZIP	SAINT PAUL, MN 55116
TITLE	S
NAME	KAUFFMAN, ESTHER
STREET ADDRESS	1999 SHERPARD ROAD
CITY-ST-ZIP	SAINT PAUL, MN 55116
TITLE	S
NAME	GARCIA, JR. J
STREET ADDRESS	4520 S CHURCH AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000110505
04/12/04-80086-004 150.00

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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: _____ 4-8-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #