2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P93000034428

Entity Name: JOHNSON BROTHERS LIQUOR COMPANY OF FLORIDA

Current Principal Place of Business:

4520 S CHURCH AVE.
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 13489
TAMPA, FL 33681 US

New Mailing Address:

FEI Number: 59-3188427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CD	( ) Delete
Name:	JOHNSON, LYNN	
Address:	1999 SHERPARD ROAD	
City-St-Zip:	SAINT PAUL, MN 55116	
Title:	D	( ) Delete
Name:	BELSAAS, SCOTT	
Address:	1999 SHERPARD ROAD	
City-St-Zip:	SAINT PAUL, MN 55116	
Title:	V	( ) Delete
Name:	JOHNSON, MICHAEL	
Address:	1999 SHERPARD ROAD	
City-St-Zip:	SAINT PAUL, MN 55116	
Title:	S	( ) Delete
Name:	KAUFFMAN, ESTHER	
Address:	1999 SHERPARD ROAD	
City-St-Zip:	SAINT PAUL, MN 55116	
Title:	S	( ) Delete
Name:	GARCIA, JIM JR	
Address:	4520 S CHURCH AVE	
City-St-Zip:	TAMPA, FL 33611	
Title:	P	( ) Delete
Name:	GALANTE, FRANK	
Address:	4520 S CHURCH AVE	
City-St-Zip:	TAMPA, FL 33611	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM GARCIA S 04/16/2009

Electronic Signature of Signing Officer or Director Date