2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P94000028661 Feb 01, 2006 08:00 AM **Secretary of State** B & J DISCOUNT BEVERAGES, INC. Principal Place of Business Mailing Address 1366 DISC BEV **B&J DISC BEV** 3711 16 ST N 3711 16 ST N ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3237187 Not Applicat Zip Country Ζφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LYNCH, BARTLEY J Street Address (P.O. Box Number is Not Acceptable) 1000 RÁFAEL BLVD. N.E. #3 ST. PETERSBURG FL 33704 City Zip Code 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 it applicable (NOTE Registered Agent signature required when remistating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May P 9. Election Campaign Financing - After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ťŪ. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change LYNCH, BARTLEY J NAME UQ0000415238 11706-80074-004 150.00 STREET ADDRESS 1000 RAFAEL BLVD, N.E., #3 STREET ADDRESS .CITY-ST-ZIP ST. PETERSBURG FL 33704 CITY-ST-ZIP ☐ Delete HILE Change □ Adet NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHT-ST-ZIP TITLE ☐ Detete THILE Change Articary NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP Defete TITLE HILE Add** Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Arthur NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST-78 THILE ☐ Delete TITLE Change □ Admi NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 directed 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JCH 1-29-06 727-521-4051