

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90463 013 ***550.00

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1. Entity Name
J.D. FORD, PURVEYOR OF FINE WINES AND SPIRITS,
INC.



Principal Place of Business
1925 S OSPREY AVE
SARASOTA, FL 34239 US

Mailing Address
P.O. BOX 1329
SARASOTA, FL 34230 US

24073974



04052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0501953

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCGINNESS, W. LEE
1800 SECOND STREET
SUITE 971
SARASOTA, FL 34236

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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 \$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 D
NAME GRIFFIN, CARLA T
STREET ADDRESS 1924 S OSPREY AVE STE 201
CITY-ST-ZIP SARASOTA, FL 34239

TITLE VPS
NAME SALSER, RANDAL D
STREET ADDRESS 1924 S. OSPREY AVENUE -SUITE 200
CITY-ST-ZIP SARASOTA, FL 34239

TITLE VP
NAME GRIFFIN, WILLIAM D
STREET ADDRESS 1924 S. OSPREY AVE, SUITE 201
CITY-ST-ZIP SARASOTA, FL 34239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/04

Date

941-316-6827

Daytime Phone #