


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000047865</b>		
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	



04042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0501953	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  MCGINNESS, W. LEE 1800 SECOND STREET SUITE 971 SARASOTA, FL 34236	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<p>1100000331818 04/26/05-80025-023 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRIFFIN, CARLA T 1924 S OSPREY AVE STE 201 SARASOTA, FL 34239	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST SALSER, RANDAL D 1924 S. OSPREY AVENUE -SUITE 200 SARASOTA, FL 34239	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRIFFIN, WILLIAM D 1924 S. OSPREY AVE, SUITE 201 SARASOTA, FL 34239	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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: Randy S. Griffen Randal D. Salsar 4-8-05 94-316-6824  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #