2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000061786

FILED Jan 07, 2005 Secretary of State

Entity Name: CLIFFO	DRD & LEE'S LIQUORS, INC.		-	
Current Principal Place of Business:		New Principal Place of Business:		
HWY. 90 WEST & STA SANDERSON, FL 320	ATE ROAD 127 NORTH 087			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
PO BOX 587 SANDERSON, FL 320	987			
FEI Number: 59-3263490	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
BISHARA, KATHY T 2533 NOBLEMAN COL JACKSONVILLE, FL 3				
The above named entit in the State of Florida.	ry submits this statement for the pu	ırpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electr	onic Signature of Registered Ager	nt	Date	
Election Campaign Financ	ing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: P Name: BISHARA, S/	()Delete AID M	Title: P Name: BISHARA, KA	(X) Change()Addition NTHY T	

Address: 2533 NOBLEMAN COURT Address: 2533 NOBLEMAN COURT City-St-Zip: JACKSONVILLE, FL 32040 City-St-Zip: JACKSONVILLE, FL 32223 Title: VΡ () Delete Title: VΡ (X) Change () Addition BISHARA, EDDIE Name: Name: FARAH, JOYCE Address: 2533 NOBLEMAN COURT Address: 4840 WONDERING PINES TR. NORTH JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32258 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition Name: BISHARA, KATHY T Name: Address: 2533 NOBLEMAN COURT Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: Title: ST (X) Delete Title: () Change () Addition BISHARA, JOYCE S Name: Name: 2533 NOBLEMAN COURT Address: Address: JACKSONVILLE, FL 32223 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHY T. BISHARA CEO 01/07/2005