

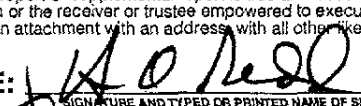


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000058330			
1. Entity Name LAKE TALQUIN LIQUORS, INC.			
Principal Place of Business 7115 BLOUNSTOWN HWY TALLAHASSEE, FL 32310	Mailing Address P.O. BOX 7471 TALLAHASSEE, FL 32314		
DO NOT WRITE IN THIS SPACE			
		 01062004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3332898	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REDD, H O 7115 BLOUNSTOWN HWY TALLAHASSEE, FL 32310		DO NOT WRITE 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div>U000000006187</div> <div>01/16/04-80025-008 150.00</div> <div style="font-size: 2em; margin-top: 20px;">DO NOT WRITE IN THIS SPACE</div>	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PSD REDD, H O 7103 BLOUNTSTOWN HWY TALLAHASSEE, FL 32304		
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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 _____	