

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000091572

1. Entity Name
THE WINE MERCHANT, INC.



**FILED
Apr 27, 2005 8:00 am
Secretary of State**

04-27-2005 90303 044 ***150.00

Principal Place of Business
12820 N. TAMiami TRAIL
NAPLES, FL 34110

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

04012005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0619547

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NEAD, ROBERT
12820 N. TAMiami TRAIL, STE. 2
NAPLES, FL 34110

Name *James P Schave*

Street Address (P.O. Box Number is Not Acceptable)

12820 N. TAMiami TRAIL, STE 2

City

NAPLES

FL

Zip Code
34110

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

James Schave

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 NEAD, ROBERT
STREET ADDRESS 12820 TAMiami TRAIL, STE. 2
CITY-ST-ZIP NAPLES, FL 34110

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME JAMES SCHAVE
STREET ADDRESS 12820 TAMiami TRAIL, N STE 2
CITY-ST-ZIP NAPLES, FL 34110

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *James P. Schave*

SIGNATURE AND DATED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/05 239-592-0000

Date

Daytime Phone #