

**2006 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000060113		
1. Entity Name IN GOOD SPIRITS, INC.		
Principal Place of Business 2612 TAMiami TR N NAPLES, FL 34103	Mailing Address 2612 TAMiami TR N NAPLES, FL 34103	
DO NOT WRITE IN THIS SPACE		
		 02092006 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3456906		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
COLEMAN, KEVIN G 4001 TAMiami TRAIL N., SUITE 300 NAPLES, FL 34103		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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PERMAN, RICHARD L 2612 TAMiami TR N NAPLES, FL 34103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PERMAN, ELLEN L 2612 TAMiami TR N NAPLES, FL 34103	
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DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  RICHARD L. PERMAN		Date: 2/15/06 (239) 262-2116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #