## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000093116

Title:

Name:

Address:

City-St-Zip:

FILED Mar 29, 2004 Secretary of State

Entity Name: THE WINE CLUB OF EDGEWOOD VILLAGE, INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
1188 EDGEWOOD AVE. JACKSONVILLE, FL 32205					
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
3624 NW 97 BLVD. GAINESVILLE, FL 32606					
FEI Number:	59-3476173	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
DORN, THOMAS 3624 N.W. 97TH BLVD. GAINESVILLE, FL 32606 US			DORN, MELINDA 3624 N.W. 97TH BLVD. GAINESVILLE, FL 32606		
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.					
SIGNATURE: MELINDA DORN				03/29/2004	
Electronic Signature of Registered Agent Date  Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () D DORN, THOMAS 3624 NW 97 BLV GAINESVILLE, FL		Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () C GRAESER, MARK 167 PINE ST. ATLANTIC BEACK		Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () D DORN, THOMAS 3624 N.W. 97TH GAINESVILLE, FL		Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	

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.

Title:

Name:

Address:

City-St-Zip:

VΡ

DORN, MELINDA

3624 NW 97 BLVD

GAINESVILLE, FL 32606

(X) Change ( ) Addition

SIGNATURE: MELINDA DORN VP 03/29/2004

() Delete

DORN, MELINDA P

3624 NW 97 BLVD

GAINESVILLE, FL 32606