


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000098775</b>	
1. Entity Name MOTHER'S BEACHSIDE LIQUORS, INC.	

Principal Place of Business 608 SOUTH OCEANSHORE BLVD. FLAGLER BEACH, FL 32136	Mailing Address P.O. BOX 482 FLAGLER BEACH, FL 32136
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**DO NOT WRITE IN THIS SPACE**



04112004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3480268	Applied For: Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

IANNILLO, GLENN  
144 PALM CIRCLE  
FLAGLER BEACH, FL 32136

**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 registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

000000122046  
04/21/04-80014-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT IANNILLO, GLEN 144 PALM CIRCLE FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS IANNILO, MELINDA 144 PALM CIRCLE FLAGLER BEACH, FL 32136
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IN THIS SPACE**

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

4/19/04

Date

386-439-6817

Daytime Phone #