2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2006 8:00 am Secretary of State

DOCUMENT # P97000099035 1. Entity Name SAN ANN LIQUORS, INC.						02-27-2006 90104 040 ***150.00			
Principal Place of Business Mailing Address				·		000×000			
32625 S.R. 5		P.O BOX 248					•		
SAN ANTONIO, FL 33576 SAN ANTONIO, FL 33576			576			*	•		
	i					1818 1817 BERNIN STRUK BERNI	H BY HE JEKIN FRIK ERIND IN EL		
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		 .	01172006	Chg-P	CR2E034 (11/05)		
City & State		City & State			4. FEI Number 59-3481		—	pplied For	
Zip	Country	Zip	Zip Country			of Status Desired	\$8.75 Ad		
	6. Name and Address of Curren	t Registered Agent		ı .	7 Name and	Address of New R	Fee Require	<u> </u>	
o. Hume and Address of Soften registeres Agent					7. 1421110 61101	Addidas Of Now I	ogistered Agent		
SMITH, JAMES 32730 TYNDALL ROAD ZEPҢYRHILLS, FL 33544				Street Address (P.O. Box Number is Not Acceptable)					
<u>;</u> .									
				City			FL Zip Coo	le	
	named entity submits this statement tions of registered agent.	for the purpose of changing it	s register	ed office or reg	gistered agent, or both	n, in the State of Flo	orida. I am familiar with	and accept	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registere	d Agent signature re	equired when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Camp. Trust Fund Cor		ncing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND		11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND DIRECTOR		
TITLE NAME	DPT SMITH, JAMES N	☐ Delete	TITLI	I .			☐ Change	Addition	
STREET ADDRESS	32730 TYNDAL RD.			ET ADDRESS					
CITY-SI-ZIP	ZEPHYRHILLS, FL 33544		CITY	-ST-ZIP					
TITLE	DVS	☐ Delete	TITLE	E			☐ Change	Addition	
NAME EXPECT ADDRESS	SMITH, GRACE S		NAM	- 1	•				
STREET ADDRESS CITY-ST-ZIP	32730 TYNDAL RD. ZEPHYRHILLS, FL 33544			ET ADORESS -ST-ZIP					
lifte -		Delete	TITLE		7 Y		□ Change	Addition	
NAMÉ			NAM	E 5	SMITH II, J	AMES_	<u> </u>	7	
STREET ADDRESS				ET ADDRESS 2	32730 TYN	DAL RD.			
CITY-SI-ZIP				-ST-ZIP	ZEPHYRHIC D,V	LS, FC	33544	C Land	
TITLE NAME		☐ Delete	TITLI		SUITH NA	OK	☐ Change	Addition	
STREET ADDRESS				ET ADDRESS	32730 751	DAL BD.			
CITY-ST-ZIP			CITY	-SI-ZIP	SUITH MA 32730 TVL SEPHYRHIL	US.FL	35544		
TITLE		☐ Delete	TITLE	E		,	☐ Change	Addition	
NAME STREET ADDRESS			NAM	ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITLI	E			Change	Addition	
NAME			NAM	I .	ă.				
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	certify that the information supplied wi	th this filing does not qualify:		-ST-ZIP	ained in Chaster 110	Florida Chabrias 1	further portification that	informati	
Ter INCIDION	Les this report or supplemental report	mirana mengi aces nor dogmis i	OF RID CX	ompoura colle	aniou in Oriapian 118,	- Junua Statutes, I	TOTAL OF SCHOOL HISTORY	marmation	

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: 火

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

×2-22-06

<u>352-588-227</u>7