

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000036042

Entity Name: ISLAND LIQUORS SALES, INC.

FILED  
Sep 13, 2005  
Secretary of State

## Current Principal Place of Business:

10130 NORTHLANE BLVD  
SUITE 200  
WEST PALM BEACH, FL 33412

## New Principal Place of Business:

## Current Mailing Address:

5004 SW SAINT CREEK DRIVE  
PALM CITY, FL 34990

## New Mailing Address:

10130 NORTHLAKE BLVD.  
SUITE 200  
WEST PALM BEACH, FL 33412

FEI Number: 65-0834420

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DOLD, JAMES D  
5004 SW SAINT CREEK DRIVE  
PALM CITY, FL 34990 US

## Name and Address of New Registered Agent:

DOLD, JAMES D  
10130 NORTHLAKE BLVD.  
SUITE 200  
WEST PALM BEACH, FL 33412 US

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:

09/13/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DOLD, JAMES D  
Address: 5004 SW SAINT CREEK DRIVE  
City-St-Zip: PALM CITY, FL 34990

Title: VD ( ) Delete  
Name: DOLD, THERESA M  
Address: 5004 SW SAINT CREEK DRIVE  
City-St-Zip: PALM CITY, FL 34990

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JAMES DOLD

PD

09/13/2005

Electronic Signature of Signing Officer or Director

Date