

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90198 025 ***158.75

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04162004 Chg-P CR2E034 (10/03)

DOCUMENT # P98000074730					
1. Entity Name WESTWIND BEER & WINE, INC.					
Principal Place of Business 12650 STARKEY RD.,STE.12702 LARGO, FL 33773			Mailing Address 12650 STARKEY RD.,STE.12702 LARGO, FL 33773		
2. Principal Place of Business		3. Mailing Address 12702 STARKEY ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State LARGO FL		4. FEI Number 59-3527458	
Zip		Country		Applied For Not Applicable	
Zip 33773		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FOLKER, SR., JOHN 12650 STARKEY RD.,STE.12702 LARGO, FL 33773			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOLKER, JOHN SR.	NAME			
STREET ADDRESS	12650 STARKEY RD.,STE.12702	STREET ADDRESS			
CITY-ST-ZIP	LARGO, FL 33773	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOLKER, JOHN JR.	NAME			
STREET ADDRESS	12650 STARKEY RD.,STE.12702	STREET ADDRESS			
CITY-ST-ZIP	LARGO, FL 33773	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 lines empowered.					
SIGNATURE: <i>John Folker</i>			Date: 4-21-04 Daytime Phone #: 727-5856900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					