

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000020997

FILED  
Mar 11, 2005  
Secretary of State

Entity Name: WINE WAREHOUSE OF CARROLLWOOD, INC.

**Current Principal Place of Business:**

14341 N. DALE MABRY HWY.  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

3624 N.W. 97TH BLVD.  
GAINESVILLE, FL 32606

**New Mailing Address:**

FEI Number: 59-3569840      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DORN, MELINDA  
3624 NW 97 BLVD.  
GAINESVILLE, FL 32606      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CLOUDMAN, JENIFER  
Address: 14341 N. DALE MABRY HWY.  
City-St-Zip: TAMPA, FL 33618

Title: VP ( ) Delete  
Name: DORN, MELINDA  
Address: 3624 NW 97 BLVD.  
City-St-Zip: GAINESVILLE, FL 32606

Title: SEC ( ) Delete  
Name: DORN, THOMAS C  
Address: 3624 NW 97 BLVD.  
City-St-Zip: GAINESVILLE, FL 32606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CLOUDMAN, JENNIFER  
Address: 14341 N. DALE MABRY HWY.  
City-St-Zip: TAMPA, FL 33618

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: MELINDA DORN

VP

03/11/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date