

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000076863

FILED
Apr 25, 2005
Secretary of State

Entity Name: THE ORLANDO LIQUOR STORE, INC.

Current Principal Place of Business:

3936 L. B. MCLEOD RD.
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1007
OAKLAND, FL 34760 US

New Mailing Address:

FEI Number: 59-3608016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THORNE, DARRYL
17732 DEER ISLE CIR.
WINTER GARDEN, FL 34787 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: FORBES-THORNE, NATASHA
Address: 17732 DEER ISLE CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP () Delete
Name: THORNE, DARRYL
Address: 17732 DEER ISLE CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: THORNE, DARRYL
Address: 17732 DEER ISLE CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

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: NATASHA FORBES-THORNE

P

04/25/2005

Electronic Signature of Signing Officer or Director

Date