

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

APPROVED  
AND  
FILED

06 MAR 16 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*



01192006 No Chg-P CR2E034 (11/05)

**DOCUMENT # P99000092534**

1. Entity Name  
**FRIENDLY FRANKIES LIQUOR, INC.**



Principal Place of Business  
**5995 S POINT BLVE, #108  
FT MYERS, FL 33919**

Mailing Address  
**5995 S POINT BLVE, #108  
FT MYERS, FL 33919**

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0958111**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**KRESOVSKY, JOHN  
8939 GREENWICH HILLS WAY  
FORT MYERS, FL 33908**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **KRESOVSKY, JOHN**  
STREET ADDRESS **8939 GREENWICH HILLS WAY**  
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **V**  
NAME **FRANK, JOSEPH**  
STREET ADDRESS **1529 MANCHESTER BLVD.**  
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**500063068665  
03/30/06--01062--022 \*\*200.00**

**DO NOT WRITE  
IN THIS SPACE**

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 *[Handwritten signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/26/06*

Date

*239-945-4195*

Daytime Phone #