

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000017384

**FILED**  
**Mar 06, 2009**  
**Secretary of State**

**Entity Name:** DOWN T LIQUOR INC.

**Current Principal Place of Business:**

B-107 ALTAMONT AVE.  
FIRST ST VILLAGE  
FORT MYERS, FL 33901

**New Principal Place of Business:**

2023 ALTAMONT AVE B-107  
FIRST ST VILLAGE  
FORT MYERS, FL 33901

**Current Mailing Address:**

VISCAYA DRIVE  
1298  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

2030, ALTAMONT AVE,B107  
FIRST ST VILLAGE  
FORT MYERS, FL 33901

**FEI Number:** 06-1837016

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

A ACCOUNTING GROUP INC  
3345 FOWLER STREET  
FORT MYERS, FL 33901 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: NAIK, GOPI K  
Address: 1298, VISCAYA DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33952

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GOPINAIK

P

03/06/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date