

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 398829

Entity Name: ROY'S LIQUORS, INC.

FILED  
Feb 19, 2009  
Secretary of State

**Current Principal Place of Business:**

720 S. 4TH STREET  
FT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

720 S. 4TH STREET  
FT PIERCE, FL 34950

**New Mailing Address:**

FEI Number: 59-1416981

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANDERSEN, KEITH I  
720 S. 4TH STREET  
FT PIERCE, FL 34950 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: PD ( ) Delete  
Name: ANDERSEN, KEITH I  
Address: 221 GARDEN AVE  
City-St-Zip: FORT PIERCE, FL 34982 US

Title: TSD ( ) Delete  
Name: ANDERSEN, DEBORAH SUE  
Address: 221 GARDEN AVENUE  
City-St-Zip: FT. PIERCE, FL 34982 US

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

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 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: KEITH ANDERSEN

PD

02/19/2009

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

\_\_\_\_\_  
Date