

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F73940**

1. Entity Name  
**GULF LIQUORS, INC.**



Principal Place of Business

236 N HWY 71  
WEWAKITCHKA, FL 32465 US

Mailing Address

236 N HWY 71  
WEWAHITCHKA, FL 32465 US



04092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-2270245**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

HUSBAND, CAROLYN M  
1010 OLD DAIRY FARM ROAD  
WEWAHITCHKA, FL 32465

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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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	VPDS
NAME	HUSBAND, CAROLYN
STREET ADDRESS	DAIRY FARM RD
CITY-ST-ZIP	WEWAHITCHKA, FL
TITLE	PT
NAME	HUSBAND, THOMAS B
STREET ADDRESS	1010 OLD DAIRY FARM RD
CITY-ST-ZIP	WEWAHITCHKA, FL 32465
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/08-80073-007 150.00

**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