

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F89249

Entity Name: SKYWAY LIQUORS, INC.

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

12006 INDIAN ROCKS ROAD  
LARGO, FL 33774 US

**New Principal Place of Business:**

**Current Mailing Address:**

12006 INDIAN ROCKS ROAD  
LARGO, FL 33774 US

**New Mailing Address:**

FEI Number: 59-2197866

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SEYBOLD, TOM  
12006 INDIAN ROCKS ROAD  
LARGO, FL 33774 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

**OFFICERS AND DIRECTORS:**

Title: DVS  
Name: SEYBOLD, IRENE M  
Address: 7212 60TH AVE, N  
City-St-Zip: ST PETERSBURG, FL 33709 US

Title: DPT  
Name: SEYBOLD, TOM  
Address: 7212 60TH AVE, N  
City-St-Zip: ST PETERSBURG, FL 33709 US

I hereby 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 all other like empowered.

SIGNATURE: TOM SEYBOLD

PRES

04/19/2012

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

\_\_\_\_\_  
Date