2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G79346

1. Entity Name
LIQUOR MART II, INC.

Principal Place of Business

7000 STATE ROAD 544 E
WINTER HAVEN, FL 33881-9531

Mailing Address

7000 STATE ROAD 544 E
WINTER HAVEN, FL 33881

DO NOT WRITE IN THIS SPACE

FILED
Jul 10, 2008 08:00 AM
Secretary of State

07072008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2699242	Not Applicable

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

6. Name and Address of Current Registered Agent

MCNULTY, JAMES E PSTD
7000 STATE ROAD 544 E
WINTER HAVEN, FL 33881

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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
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS
TITLE	PSTD
NAME	MCNULTY, JAMES E PSTD
STREET ADDRESS	401 PENINSULAR COURT
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/10/08-80004-015 158.75

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #