

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H55058

1. Entity Name  
PIC-PAC LIQUORS, INC.



Principal Place of Business

% LEE NEAL  
6609 CENTRAL AVENUE  
ST. PETERSBURG, FL 33710

Mailing Address

% LEE NEAL  
6609 CENTRAL AVENUE  
ST. PETERSBURG, FL 33710

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2593976

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

NEAL, LEE  
6609 CENTRAL AVENUE  
ST. PETERSBURG, FL 33710

**DO NOT WRITE  
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

U00000947543  
06/02/08-80019-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPT  
NEAL, LEE  
6609 CENTRAL AVE  
ST. PETERSBURG, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
NEAL, SARA  
6609 CENTRAL AVE  
ST. PETERSBURG, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:**