

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J99943

Entity Name: SHALIMAR LIQUORS, INC.

FILED
Feb 23, 2009
Secretary of State

Current Principal Place of Business:

420 EGLIN PARKWAY
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 75
SHALIMAR, FL 32579

New Mailing Address:

FEI Number: 59-2853906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAY, JOSEPH
484 ALETA AVENUE
MARY ESTHER, FL 32569 US

Name and Address of New Registered Agent:

WAY, JOSEPH
9037 DEER LN
NAVARRE, FL 32566 US

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:

02/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STALLWORTH, F N JR
Address: 516 MANCHESTER RD
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: ST () Delete
Name: TEMPLE, SHIRLEY
Address: 516 MANCHESTER RD
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: VP () Delete
Name: WAY, JOSEPH
Address: 484 ALETA AVE
City-St-Zip: MARY ESTHER, FL 32569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WAY, JOSEPH N
Address: 516 MANCHESTER RD
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WAY, JOSEPH
Address: 9037 DEER LN
City-St-Zip: NAVARRE, FL 32566

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: JOSEPH WAY

P

02/23/2009

Electronic Signature of Signing Officer or Director

Date