


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # L12529		
1. Entity Name PATS LIQUORS, INC.		

Principal Place of Business 4870 HIGHWAY AVE. JACKSONVILLE, FL 32254-3734	Mailing Address 4870 HIGHWAY AVE. JACKSONVILLE, FL 32254-3734
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

09202007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2971753	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALLBRITTON, LAVON RT 16 BOX 624 LAKE CITY, FL 32055		Name SMITH, THOMAS L., SR.	
		Street Address (P.O. Box Number is Not Acceptable) 5960 SOUTH SPRING LAKE ROAD	
		City KEYSTONE HEIGHTS FL Zip Code 32656	

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: <i>Thomas L. Smith, Sr.</i>	THOMAS L. SMITH, SR. SEPTEMBER 21, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, THOMAS L., SR. 4538 PLYMOUTH ST JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, THOMAS L., SR. 5960 SOUTH SPRING LAKE ROAD KEYSTONE HEIGHTS, FL 32656 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, NANCY S. 4538 PLYMOUTH ST JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, NANCY S. 5960 SOUTH SPRING LAKE ROAD KEYSTONE HEIGHTS, FL 32656 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLBRITTON, LAVON RT 16 BOX 624 LAKE CITY, FL 32055 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900110275229 10/04/07--01040--025 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Thomas L. Smith, Sr.</i>	THOMAS L. SMITH, SR., D SEPTEMBER 21, 2007 904-389-1924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	

FILED

2007 SEP 28 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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