

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 SEP 28 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # L12529</b>  |  |  |  |        |  |
| 1. Entity Name<br><b>PATS LIQUORS, INC.</b>   |  |  |  |   |  |
| Principal Place of Business<br><b>4870 HIGHWAY AVE.<br/>JACKSONVILLE, FL 32254-3734</b>   |  | Mailing Address<br><b>4870 HIGHWAY AVE.<br/>JACKSONVILLE, FL 32254-3734</b>      |  |   |  |
| 2. Principal Place of Business - No P.O. Box #  |  | 3. Mailing Address   |  |       |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |   |  |
| City & State  |  | City & State   |  |   |  |
| Zip   |  | Country  |  | 09202007 Chg-P CR2E034 (12/06)  |  |
| 4. FEI Number<br><b>59-2971753</b>  |  |  |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |  |  | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>  |  |  | <b>7. Name and Address of New Registered Agent</b>   |   |  |
| ALLBRITTON, LAVON<br>RT 16 BOX 624<br>LAKE CITY, FL 32055   |  |  | Name<br><b>SMITH, THOMAS L., SR.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5960 SOUTH SPRING LAKE ROAD</b><br><br>City <b>KEYSTONE HEIGHTS</b> <b>FL</b> Zip Code <b>32656</b> |   |  |
| 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  |  |
| <small>Signature, typed or printed name of registered agent and title if applicable.</small>  |  | <small>(NOTE: Registered Agent signature required when reinstating)</small>      |  | <small>DATE</small>   |  |
| <b>Amended AR is \$61.25</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SMITH, THOMAS L., SR.<br>4538 PLYMOUTH ST<br>JACKSONVILLE, FL | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>SMITH, THOMAS L., SR.<br>5960 SOUTH SPRING LAKE ROAD<br>KEYSTONE HEIGHTS, FL 32656 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SMITH, NANCY S.<br>4538 PLYMOUTH ST<br>JACKSONVILLE, FL       | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>SMITH, NANCY S.<br>5960 SOUTH SPRING LAKE ROAD<br>KEYSTONE HEIGHTS, FL 32656       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>ALLBRITTON, LAVON<br>RT 16 BOX 624<br>LAKE CITY, FL 32055     | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 900110275229<br>10/04/07--01040--025 **\$61.25  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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:** *Thomas L. Smith, Sr.* 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 #

10/30