


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90075 016 ***158.75

DOCUMENT # P01000030863			
1. Entity Name LIQUID ASSOCIATES, INC.			
Principal Place of Business P O BOX 593742 ORLANDO, FL 32859-3842		Mailing Address P O BOX 593742 ORLANDO, FL 32859-3842	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 32859-3742	Country	Zip 32859-3742	Country
6. Name and Address of Current Registered Agent ZINAICH, PETER J 330 E CENTRAL BLVD ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name JOSEPH F. HULTS Street Address (P.O. Box Number Not Acceptable) 1510 S. POINTE DR. City LEESBURG FL Zip Code 34748	
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>Joseph F. Hults</i> JOSEPH F. HULTS PRESIDENT/TREASURER 2/27/2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS JOSEPH, HULTZ F 6025 VILLAGE CIRCLE NORTH ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JOSEPH F. HULTS 6025 VILLAGE CIRCLE N. ORLANDO, FLORIDA 32822 <input checked="" 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	V RICHARD W. GALT 4409 S. SEMORAN BLVD. #4 ORLANDO, FLORIDA 32822 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TERRENCE L. INGRAM 4817 ILENE CT. ORLANDO, FLORIDA 32806 <input type="checkbox"/> Change <input checked="" 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 exemption stated in Section 119.07(3)(i), 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>Joseph F. Hults</i> JOSEPH F. HULTS		Date	Daytime Phone #
		2/27/2005	407-376-4786

20017618



02132005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3732121 Applied For
Not Applicable

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