

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000068644

FILED
Apr 29, 2004
Secretary of State

Entity Name: EAST PALATKA LIQUORS, INC.

Current Principal Place of Business:

110 CACA ROAD
EAST PALATKA, FL 32131

New Principal Place of Business:

Current Mailing Address:

110 CACA ROAD
EAST PALATKA, FL 32131

New Mailing Address:

FEI Number: 20-0052137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SACCARECCIA, CLEMENTINE
110 CACA ROAD
EAST PALATKA, FL 32131

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SACCARECCIA, ROBERT
Address: 110 CACA ROAD
City-St-Zip: EAST PALATKA, FL 32131

Title: D () Delete
Name: SACCARECCIA, CLEMENTINE
Address: 110 CACA ROAD
City-St-Zip: EAST PALATKA, FL 32131

Title: D () Delete
Name: NUNLEY, LORRAINE
Address: 109FULTON ROAD
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: C. SACCARECCIA

D

04/29/2004

Electronic Signature of Signing Officer or Director

Date