

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000087456**

1. Entity Name  
**SPRING HILL LIQUORS, INC.**



Principal Place of Business  
**2260 COMMERCIAL WAY  
SPRING HILL, FL 34606 US**

Mailing Address  
**4487 CRESCENT ROAD  
SPRING HILL, FL 34606**



03112006 No Chg-P CR2E034 (11/05)

4. FcI Number  
**20-0139321**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**ALBERTELLI, JOSEPH C  
4487 CRESCENT ROAD  
SPRING HILL, FL 34606**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
ALBERTELLI, JOSEPH C  
4487 CRESCENT ROAD  
SPRING HILL, FL 34606**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP, S  
BARTLETT, BARBARA  
4487 CRESCENT ROAD  
SPRING HILL, FL 34606**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
ALBERTELLI, MARION  
4487 CRESCENT ROAD  
SPRING HILL, FL 34606**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000540155  
05/10/06-80006-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Barbara Bartlett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/24/06*

Date

*813 431 2137*

Daytime Phone #