


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90173 042 \*\*\*150.00

<b>DOCUMENT # P03000087456</b> 1. Entity Name <b>SPRING HILL LIQUORS, INC.</b>					
Principal Place of Business <b>2260 COMMERCIAL WAY SPRING HILL, FL 34606 US</b>			Mailing Address <b>4487 CRESCENT ROAD SPRING HILL, FL 34606</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1285 Henry</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Spring Hill FL</b>		4. FEI Number <b>20-0139320</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>34608</b>		Country <b>Hernando</b>		01192008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>ALBERTELLI, JOSEPH C 4487 CRESCENT ROAD SPRING HILL, FL 34606</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>1285 Henry</b> City <b>Spring Hill</b> <b>FL</b> <b>34608</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing <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 P NAME ALBERTELLI, JOSEPH C STREET ADDRESS 4487 CRESCENT ROAD CITY-ST-ZIP SPRING HILL, FL 34606	<input type="checkbox"/> Delete		TITLE VP, S NAME 1285 Henry STREET ADDRESS Spring Hill FL 34608 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP, S NAME BARTLETT, BARBARA STREET ADDRESS 4487 CRESCENT ROAD CITY-ST-ZIP SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME ALBERTELLI, MARION STREET ADDRESS 4487 CRESCENT ROAD CITY-ST-ZIP SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 1285 Henry CITY-ST-ZIP Spring Hill FL 34608	<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	<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 another like empowered.					
SIGNATURE: <i>Joseph C. Albertelli</i> PRESIDENT			X 3/20/2008 (813)-431-2135		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: _____		