

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90338 012 \*\*\*150.00

**DOCUMENT # P03000099278**

1. Entity Name

LIFTED SPIRITS, INC



Principal Place of Business

370 HUNTSBURG DRIVE  
LOUISBURG NC 27549

Mailing Address

370 HUNTSBURG DRIVE  
LOUISBURG NC 27549

**50040139**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3621 Bastion Ln  
Suite, Apt. #, etc.  
Ste 103

3. Mailing Address

3621 Bastion Ln  
Suite, Apt. #, etc.  
Sk 103

City & State

Raleigh NC

City & State

Raleigh NC

Zip

27604

Country

USA

Zip

27604

Country

USA

4. FEI Number

20-0215906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

POLLOCK, RICHARD C  
7797 N. UNIVERSITY DRIVE  
STE 105  
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Tracey Potoski*

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

(NOTE: Registered Agent signature required when reinstating)

*4-14-05*

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE VP  
NAME POTOSKI, CHRISTOPHER ☐ Delete  
STREET ADDRESS 370 HUNTSBURG DRIVE  
CITY-ST-ZIP LOUISBURG NC 27549

TITLE P  
NAME POTOSKI, TRACEY ☐ Delete  
STREET ADDRESS 370 HUNTSBURG DRIVE  
CITY-ST-ZIP LOUISBURG NC 27549

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Tracey Potoski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-14-05 (919) 522-2579*

Date

Daytime Phone #