

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153001

Entity Name: LIQUORI SERVICES, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

460 MOHAWK TRAIL
MERRITT ISLAND, FL 32953

New Principal Place of Business:

2600 N. COURTENAY PKWY.
MERRITT ISLAND, FL 32953

Current Mailing Address:

315 MAGNOLIA AVENUE
C/O ANITA MCDANIEL
MERRITT ISLAND, FL 32952 US

New Mailing Address:

FEI Number: 20-0494057 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIQUORI, ANTHONY J
460 MOHAWK TRAIL
MERRITT ISLAND, FL 32953 US

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: LIQUORI, ANTHONY J
Address: 460 MOHAWK TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VD () Delete
Name: MCDANIEL, ANITA S
Address: 315 MAGNOLIA AVE
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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: ANITA MCDANIEL

VD

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date