


FILED
Jul 22, 2005 8:00 am
Secretary of State

6/3

06-30-2005 90001 041 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000049851			
1. Entity Name A.J. LIQUORI, INC.			
Principal Place of Business 460 MOHAWK TRAIL MERRITT ISLAND, FL 32953		Mailing Address 460 MOHAWK TRAIL MERRITT ISLAND, FL 32953	
2. Principal Place of Business		3. Mailing Address c/o Anita McDaniel	
Suite, Apt. #, etc.		Suite, Apt. #, etc. P. O. Box 541539	
City & State		City & State Merritt Island, FL	
Zip	Country	Zip	Country
32954-1539		32954-1539	Brevard
4. FEI Number 35-2231514		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIQUORI, ANTHONY J 460 MOHAWK TRAIL MERRITT ISLAND, FL 32953		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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LIQUORI, ANTHONY J 460 MOHAWK TRAIL MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPTS Liquori, Anthony J. 460 Mohawk Trail Merritt Island, FL 32953 <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	DV McDaniel, Anita S. P. O. Box 541539 Merritt Island, FL 32954-1539 <input type="checkbox"/> Change <input checked="" 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
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 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 another like empowered.			
SIGNATURE <i>Anita S. McDaniel</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 6-24-05 (321) 459-1800 Daytime Phone #	

ATTACHMENT

66024955

Anita S. McDaniel

CERTIFIED PUBLIC ACCOUNTANT

PHONE: (321) 459-1800
FAX: (321) 459-2208
POST OFFICE BOX 541539
MERRITT ISLAND, FLORIDA 32954-1539
EMAIL: anitam@mpinet.net

July 12, 2005

Florida Department of State
Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302-1500

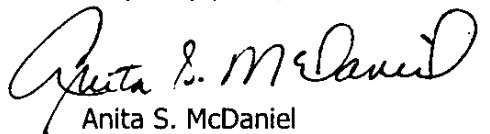
Re: A.J. Liquori, Inc.
Reference Number: P04000049851

The company was incorporated on March 16, 2004. The president stated that he did not receive a notice regarding the 2005 annual report. No notice was delivered to me from the president. The mailing address has been changed to ensure that any notices are timely received.

I request that the penalty of \$400.00 be abated since the company did not receive notice of the annual report.

I have enclosed a copy of your notice and annual report returned on June 30, 2005.

Very truly yours,



Anita S. McDaniel
Certified Public Accountant

Enclosures

Cc: Anthony J. Liquori

Certified Receipt Number 7004 2510 0003 2032 4122