

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000088312

1. Entity Name
LIVERETT ENTERPRISES, INC.



Principal Place of Business
3113 SUMMER CRUISE DRIVE
VALRICO, FL 33594

Mailing Address
3113 SUMMER CRUISE DRIVE
VALRICO, FL 33594



01282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1210467	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIVERETT, WARREN I
3113 SUMMER CRUISE DRIVE
VALRICO, FL 33594

**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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

1100000088312390
04/23/08-80023-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LIVERETT, WARREN I
STREET ADDRESS	3113 SUMMER CRUISE DR
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	VP
NAME	LIVERETT, MICHAEL W
STREET ADDRESS	4308 ORANGE RIDGE CT
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	S
NAME	LIVERETT, SUSAN J
STREET ADDRESS	3113 SUMMER CRUISE DR
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	T
NAME	LIVERETT, BETH A
STREET ADDRESS	4308 ORANGE RIDGE CT
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: Beth Liverett/Beth Liverett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/08
Date

813-746-7679
Daytime Phone #