


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90077 016 ***150.00

DOCUMENT # P05000060742	
1. Entity Name LIQUID CAPITAL INCORPORATED	

Principal Place of Business 8800 ARLINGTON EX WAY STE 1&J JACKSONVILLE, FL 32211 US	Mailing Address POB 350473 JACKSONVILLE, FL 32235 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
SCHUMACHER, CHARLES J 4085 MARIANNA RD 12325 YORK HARBOR DR JACKSONVILLE, FL 32217 JACKSONVILLE FL 32225	

40107726



05022007 Chg-P CR2E034 (12/06)

4. FEI Number 36-4572885	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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	Signature (Typed or printed name of registered agent, and identical to applicable)	NOTE: Registered Agent must be required after filing	DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P SCHUMACHER, CHARLES J 4085 MARIANNA RD 12325 YORK HARBOR DR JACKSONVILLE, FL 32217 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	P SCHUMACHER, CHARLES J 4085 MARIANNA RD 12325 YORK HARBOR DR JACKSONVILLE, FL 32217 32225 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	501-07 904-727-9181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date District Phone #

ATTACHMENT

40107726

#05000060742

Florida Department Of State

To Whom It May Concern:

We never got a renewal letter from you for our renewal of our Annual Report but I know that it is coming up soon. I have enclosed a check for 150.00 to pay for the fee to renew. The check # is 1123.

Liquid Capital Incorporated
Tax Id # 364572885
Po box 350473
Jacksonville Fl 32235

Physical Address
8800 Arlington Expressway
Ste I & J
Jacksonville Fl 32211

Ph 904-727-9181
Fax 904-727-9180

Point of contact:
Joyce Schumacher