

**2008 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**


FILED

2008 JUL -8 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000131393

1. Entity Name
LIQUORI PROPERTIES, INC.



Principal Place of Business
407 BREVARD AVE
COCOA, FL 32922

Mailing Address
407 BREVARD AVE
COCOA, FL 32922



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
315 MAGNOLIA AVENUE

Suite, Apt. #, etc.
c/o Anita S. McDaniel

05292008 Chg-P CR2E034 (12/06)

City & State
Merritt Island, FL

4. FEI Number
20-0494057 26-1570984

Applied For
Not Applicable

Zip
32952

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIQUORI, ANTHONY J
407 BREVARD AVE
COCOA, FL 32922

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS		
TITLE	P, S	<input type="checkbox"/> Delete
NAME	LIQUORI, ANTHONY J	
STREET ADDRESS	460 MOHAWK TRAIL	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LIQUORI, FRANK J	
STREET ADDRESS	460 MOHAWK TRAIL	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, BRANDON B	
STREET ADDRESS	460 MOHAWK TRAIL	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANITA, MCDANIEL	
STREET ADDRESS	460 MOHAWK TRAIL	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200132922462	
STREET ADDRESS	07/15/08--01009--005 **61.25	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP ANITA MCDANIEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	315 MAGNOLIA AVENUE	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Anita S. McDaniel VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6-30-08

Daytime Phone #: 321-459-1800