


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.		Suite, Apt. #, etc. c/o Anita S. McDaniel	
City & State		City & State Merritt Island, FL	
Zip	Country	Zip	Country
		32952	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LIQUORI, ANTHONY J 407 BREVARD AVE COCOA, FL 32922		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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S LIQUORI, ANTHONY J 460 MOHAWK TRAIL MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200132922462 07/15/08--01009--005 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIQUORI, FRANK J 460 MOHAWK TRAIL MERRITT ISLAND, FL 32953 <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	T SMITH, BRANDON B 460 MOHAWK TRAIL MERRITT ISLAND, FL 32953 <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	VP ANITA, MCDANIEL 460 MOHAWK TRAIL MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANITA McDaniel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 315 MAGNOLIA AVENUE Merritt Island, FL 32952
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 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: <i>Anita S. McDaniel</i> VP		6-30-08 321-459-1800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	