

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000131393

FILED
Apr 23, 2009
Secretary of State

Entity Name: LIQUORI PROPERTIES, INC.

Current Principal Place of Business:

407 BREVARD AVE
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

% ANITA S MCDANIEL
315 MAGNOLIA AVENUE
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 26-1570984 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIQUORI, ANTHONY J
407 BREVARD AVE
COCOA, FL 32922 US

Name and Address of New Registered Agent:

LIQUORI, ANTHONY J
460 MOHAWK TRAIL
MERRITT ISLAND, FL 32953 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

04/23/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,S () Delete
Name: LIQUORI, ANTHONY J
Address: 460 MOHAWK TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VP () Delete
Name: LIQUORI, FRANK J
Address: 460 MOHAWK TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: T (X) Delete
Name: SMITH, BRANDON B
Address: 460 MOHAWK TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VP () Delete
Name: ANITA, MCDANIEL
Address: 315 MAGNOLIA AVENUE
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: LIQUORI, ANTHONY J
Address: 460 MOHAWK TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANITA S MCDANIEL CPA

Electronic Signature of Signing Officer or Director

VP

04/23/2009

Date