

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000022267

Entity Name: COUNTY LIQUORS, INC.

FILED  
Apr 15, 2009  
Secretary of State

## Current Principal Place of Business:

12569 SW COUNTY ROAD 769  
LAKE SUZY, FL 34269 US

## New Principal Place of Business:

12569-B- SW COUNTY ROAD 769  
LAKE SUZY, FL 34269 US

## Current Mailing Address:

12569 SW COUNTY ROAD 769  
LAKE SUZY, FL 34269 US

## New Mailing Address:

12569-B- SW COUNTY ROAD 769  
LAKE SUZY, FL 34269 US

FEI Number: 26-2105152

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PATEL, DILIP  
12569 SW COUNTY ROAD 769  
LAKE SUZY, FL 34269 US

## Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PATEL, BHAVNABEN  
Address: 26196 CATA MARINA DRIVE  
City-St-Zip: PUNTA GORDA, FL 33983 US

Title: VP ( ) Delete  
Name: PATEL, AMITA  
Address: 2243 BENGAL COURT  
City-St-Zip: PUNTA GORDA, FL 33983 US

Title: T ( ) Delete  
Name: PATEL, PUSHPABEN  
Address: 26196 CATA MARINA  
City-St-Zip: PUNTA GORDA, FL 33983 US

Title: S ( ) Delete  
Name: PATEL, ALPIKABEN D  
Address: 27141 GUAPORE DRIVE  
City-St-Zip: PUNTA GORDA, FL 33983 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ALPIKA PATEL

S

04/15/2009

Electronic Signature of Signing Officer or Director

Date