

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000058922

1. Entity Name
L.I.R.A., INC.



Principal Place of Business
15252 SPRING HILL DR
SPRING HILL, FL 34609

Mailing Address
15252 SPRING HILL DR
SPRING HILL, FL 34609



03152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3524852

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PALERMO, JOHN
15252 SPRING HILL DR
SPRING HILL, FL 34609

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000904184
05/01/08-80002-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PALERMO, JOHN
STREET ADDRESS	2443 COMMERWOOD DR
CITY - ST - ZIP	BROOKSVILLE, FL 34609
TITLE	VP
NAME	GUBELLO, ANTHONY
STREET ADDRESS	8435 NW 61 ST
CITY - ST - ZIP	TAMARAC, FL 33321
TITLE	ST
NAME	PALERMO, VALERIE
STREET ADDRESS	2443 COMMERWOOD DR
CITY - ST - ZIP	SPRING HILL, FL 34609
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

JOHN PALERMO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/08

Daytime Phone #