

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90460 048 ***150.00

DOCUMENT # P99000055603

1. Entity Name
Y LIQUORS, INC.



Principal Place of Business
4350 BRYAN ST
GREENWOOD, FL 32443

Mailing Address
4350 BRYAN ST
GREENWOOD, FL 32443

DO NOT WRITE IN THIS SPACE



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3583157

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HENRY, JOYCE
4350 BRYAN ST
GREENWOOD, FL 32443

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	HENRY, JOYCE
STREET ADDRESS	4350 BRYAN ST
CITY - ST - ZIP	GREENWOOD, FL 32443
TITLE	VD
NAME	MICHAEL, HENRY
STREET ADDRESS	4350 BRYAN ST
CITY - ST - ZIP	GREENWOOD, FL 32443
TITLE	S
NAME	HENRY, SUSAN N
STREET ADDRESS	4350 BRYAN ST
CITY - ST - ZIP	GREENWOOD, FL 32443
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 exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

428-05