2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State
03-15-2005 90022 026 ***150.00

DOCUMENT # P04000060538

1. Entity Name

LIBERTY FLOORING SERVICES, CORP.

Principal Place of Business	Mailing Address
9830 BERNWOOD PLACE DR, # 111 FT MYERS FL 33912	9830 BERNWOOD PLACE DR, # 111 FT MYERS FL 33912

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
4719 22nd STREET SW	4719 22nd STREET SW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LEHIGH ACRES, FL	City & State: LEHIGH ACRES, FL
Zip: 33971 Country: USA	Zip: 33971 Country: USA

4. FEI Number 20-1013223 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

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 ____________________
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BENINCA, OSMAR		NAME		
STREET ADDRESS	4719 22ND STREET SW		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRESS FL 33971		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BENINCA, PRISCILLA		NAME		
STREET ADDRESS	4719 22ND STREET SW		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRESS FL 33971		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Osmar Beninca - PRESIDENT 01/25/05 (239)265-5011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #