

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Sep 08, 2008  
Secretary of State**

DOCUMENT# P07000103789

Entity Name: LIBERTY LAND SERVICES, INC.

**Current Principal Place of Business:**

12847 66TH ST N  
LARGO, FL 33773 US

**New Principal Place of Business:**

**Current Mailing Address:**

12847 66TH ST N  
LARGO, FL 33773 US

**New Mailing Address:**

FEI Number: 33-1181330      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WINANS, JEFFERY L  
4604 49TH STREET  
SUITE 7  
ST PETERSBURG, FL 33709 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WINANS, JEFFERY L  
Address: 4604 49TH STREET, SUITE 7  
City-St-Zip: ST PETERSBURG, FL 33709 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP ( ) Change (X) Addition  
Name: EZELL, LUCAS  
Address: 4604 49TH STREET N SUITE 7  
City-St-Zip: ST PETERSBURG, FL 33709 US

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: JEFFERY WINANS

P

09/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date