


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90003 027 ***150.00

| | | | |
|---|---------|---|---------|
| DOCUMENT # V03118 | |  | |
| 1. Entity Name LIBERTY AUTO TRANSPORT, INC. | | | |
| Principal Place of Business 9631 DENTON AVENUE, UNIT 14 HUDSON, FL 34667 | | Mailing Address 9631 DENTON AVENUE, UNIT 14 HUDSON, FL 34667 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| PINGEL, JAMES 9631 DENTON AVENUE, UNIT 14 HUDSON, FL 34667 | | Name BALKCOM, MICHAEL I. Street Address (P.O. Box Number is Not Acceptable) 9631 DENTON AVENUE, UNIT 14 City HUDSON FL Zip Code 34667 | |
| 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: <i>[Signature]</i> | | DATE: 03/25/2004 | |



03202004 Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3098600 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|--|--|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PINGEL, JAMES 9631 DENTON AVE., UNIT 14 HUDSON, FL 34667 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/P/VP/S/T BALKCOM, MICHAEL I. 9631 DENTON AVENUE, UNIT 14 HUDSON, FL 34667 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVST PINGEL, JEFFERY 9631 DENTON AVE., UNIT 14 HUDSON, FL 34667 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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]* DATE: **03/25/2004** (727) 869-9200