## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 18, 2005 8:00 am Secretary of State

Се

DOCUMENT # F0000000846  1. Entity Name LIBERTY THERAPEUTIC SHOE CORPORATION					02-18-2005 90055 023 ***158.75				
Principal Place 8883 LIBERT SUITE 150 PORT ST. LUC	l .	Mailing Address PO BOX 20008 FORT PIERCE, FL 34979	1			20012	578		
	ace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01122005	Chg-P		34 (10/03)	1621 11 1831
City & State		City & State			4. FEI Number			Ap	plied For
Zip	Country	Zip	Country	_	06-1574 5. Certificate o	f Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current F	Registered Agent			7. Name and A	Address of New R			<u> </u>
:				7. Name and Address of New Registered Agent Name					
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street Ad	ddress (F	O.O. Box Number	is Not Acceptable	e)		
- Erwitzen			City					Zio Code	
	·						FL	Zip Code	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	egistered office or	register	ed agent, or both	n, in the State of Flo	orida. I am i	familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signatu	ure required	when reinstating)		DATE		
FIL After Ma	E NOW!!\ FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib			00 May Be ed to Fees				
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0 OFFICERS AND	Trust Fund Contrib		Add	ADDITIONS/C	CHANGES TO OFF	FICERS AND	DIRECTOR	
10.	oy 1, 2005 Fee will be \$550.0 OFFICERS AND	Trust Fund Contrib	11.  TITLE	Add	ADDITIONS/0		FICERS AND	DIRECTOR:	S IN 11
After Ma	OFFICERS AND	Trust Fund Contrib	11. TITLE NAME	PT	ADDITIONS/O	MARK			
10. TITLE NAME STREET ADDRESS	OFFICERS AND	Trust Fund Contrib	11.  TITLE	PT	ADDITIONS/O	MARK			
10. III/LE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND OFFICERS AND PTS MATOSKE, CHRISTOPHER 755 NORTH EAST STOKES TER JENSEN BEACH, FL 34957	Trust Fund Contrib	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Ro	ADDITIONS/OF S bert N TS NE TISEN BEA	. MARK RIVER CO ICH, FL 3		☐ Change	Addition
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida statutes. 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 attackment with an address, with all other like empowered.

SIGNATURE:

flit u dul

2/10/05

800-615-0532

Daylime Phone #