2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 14, 2005 8:00 am
Secretary of State
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1. Entity Name
LIBERTY MARKETPLACE, INC.

Principal Place of Business
10400 S. U.S. HIGHWAY 1
SUITE 500
PORT ST. LUCIE, FL 34952

Mailing Address
P.O. BOX 12688
FORT PIERCE, FL 34979

2. Principal Place of Business
10045 S. Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
PORT ST LUCIE, FL

City & State

Zip
34952

Country
USA

Zip

Country

4. FEI Number
35-2201566

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

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	P ☑ Change ☐ Addition
NAME	MATOSKE, CHRISTOPHER P	NAME	ROBERT N. MARK
STREET ADDRESS	10400 S US HWY 1 STE 500	STREET ADDRESS	10045 S. FEDERAL HWY
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	CITY-ST-ZIP	PORT ST LUCIE, FL 34952
TITLE	D ☑ Delete	TITLE	D ☑ Change ☐ Addition
NAME	GAUMNITZ, PAUL	NAME	PAUL GAUMNITZ
STREET ADDRESS	10400 S US HWY 1 STE 500	STREET ADDRESS	10045 S. Federal Hwy
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	CITY-ST-ZIP	PORT ST LUCIE, FL 34952
TITLE	☐ Delete	TITLE	S ☐ Change ☑ Addition
NAME		NAME	ROBERT N. MARK
STREET ADDRESS		STREET ADDRESS	10045 S. Federal Hwy
CITY-ST-ZIP		CITY-ST-ZIP	PORT ST LUCIE, FL 34952
TITLE	☐ Delete	TITLE	T ☐ Change ☑ Addition
NAME		NAME	ROBERT N. MARK
STREET ADDRESS		STREET ADDRESS	10045 S. Federal Hwy
CITY-ST-ZIP		CITY-ST-ZIP	PORT ST LUCIE, FL 34952
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: Robert N Mark 2/7/05 1-800-337-9602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ROBERT N. MARK, PRESIDENT