2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 14, 2005 8:00 am
Secretary of State
02-14-2005 90051 048 ***158.75

DOCUMENT # F03000001936

1. Entity Name
LIBERTY MARKETPLACE, INC.

Principal Place of Business	Mailing Address
10400 S. U.S. HIGHWAY 1 SUITE 500 PORT ST. LUCIE, FL 34952	P.O. BOX 12688 FORT PIERCE, FL 34979

01122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
10045 S. Federal Hwy	
Suite, Apt. #, etc.	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	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MATOSKE, CHRISTOPHER P 10400 S US HWY 1 STE 500 PORT SAINT LUCIE, FL 34952	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROBERT N. MARK 10045 S. FEDERAL HWY PORT ST LUCIE, FL 34952 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAUMNITZ, PAUL 10400 S US HWY 1 STE 500 PORT SAINT LUCIE, FL 34952	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAUL GAUMNITZ 10045 S. Federal Hwy PORT ST LUCIE, FL 34952 ☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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