## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Ce Feb 14, 2005 8:00 am

AUTOALITA					Secretary of State				
DOCUN 1. Entity Name LIBERTY			02-14-2005 90051 049 ***158.75						
Principal Place of Business Mailing Address						# D D 1 M D P :	<b>^</b>		
10400 S. US HIGHWAY 1, STE. 100 PORT ST. LUCIE, FL 34952		10400 S. US HIGHWAY 1, STE. 100 PORT ST. LUCIE, FL 34952			40017953				
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01182005	Chg-P	CR2E03	34 (10/03)	
City & State		City & State			4. FEI Numbe			<del> </del>	olied For Applicable
. Zip	Country	Zip	Country			of Status Desired	-8-	8.75 Add	tional
								ee Required	l
<del>_</del>	6. Name and Address of Current R	egistered Agent	Name		7. Name and	Address of New R	egistered A	gent	
C T CORPORATION SYSTEM					P.O. Box Number	er is Not Acceptable	r)		
			City				FL	Zip Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	gistered office or	register	ed agent, or bot	h, in the State of Flo	orida. I am f	amiliar with,	and accept.
SIGNATURE	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE: Re	egistered Agent signati	ure required	when remstating)		DATE		<u> </u>
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contribu			.00 May Be ed to Fees				
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11
TITLE	PST	Delete	TITLE	PST	0.10.	+11		☐ Change	Addition
NAME	MATOSKE, CHRISTOPHER	, ,	NAME	MAK	K, Rober	in a desert			
STREET ADDRESS	10400 S. US HWY 1, STE. 100		STREET ADDRESS	202	5 N.E. KIV	CA COURT	~		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		CITY-ST-ZIP	JEN.	<u>SEN BEAC</u>	h, FL 3493	7		
TITLE	D	☐ Delete	TITLE					☐ Change	Addition
NAME	FARRELL, STEPHEN C		NAME						
STREET ADDRESS	10045 S. FEDERAL HWY.		STREET ADDRESS	1					
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		CITY-ST-ZIP	ļ				Change.	- Addition
TITLE		☐ Delete	TITLE		•			Change	Addition
NAME			NAME STREET ADDRESS	ľ					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	ļ					
		☐ Delete	TITLE	1				Change	Addition
TITLE NAME		LJ Detete	NAME	ŀ				ondingo	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	İ		CITY-ST-ZIP	1					
TITLE		☐ Delets	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	<u></u>	<del></del>				
I Indiantar	certify that the information supplied with d on this report or supplemental report is reporation or the receiver or trustee emporation or the receiver or trustee emporation.	true and accurate and that my	CIANOBILITA CHOIL	กรบด เทด	came lenal elle	ci as il made linder	nam man	am an omcei	OF OURCIDE

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT N. MARK, RESIDENT

SIGNATURE: