

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000006724

1. Entity Name
LIBERTY BANSHARES FLORIDA, INC.



Principal Place of Business
4949 NORTH TAMiami TRAIL, SUITE 107
NAPLES, FL 34103

Mailing Address
4949 NORTH TAMiami TRAIL, SUITE 107
NAPLES, FL 34103



03302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-0987568

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

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IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE C
NAME KRAUSE, W.A.
STREET ADDRESS 6400 WESTOWN PARKWAY
CITY-ST-ZIP WEST DES MOINES, IA 50266

TITLE D
NAME KRAUSE, KYLE J
STREET ADDRESS 6400 WESTOWN PARKWAY
CITY-ST-ZIP WEST DES MOINES, IA 50266

TITLE D
NAME CARPENTER, J. DAVID
STREET ADDRESS 6400 WESTOWN PARKWAY
CITY-ST-ZIP WEST DES MOINES, IA 50266

TITLE D
NAME RISEWICK, CHRISTOPHER J
STREET ADDRESS 6400 WESTOWN PARKWAY
CITY-ST-ZIP WEST DES MOINES, IA 50266

TITLE DP
NAME OLSON, RUSSELL G
STREET ADDRESS 6400 WESTOWN PARKWAY
CITY-ST-ZIP WEST DES MOINES, IA 50266

TITLE SAT
NAME JORDAN, CATHY
STREET ADDRESS 6400 WESTOWN PARKWAY
CITY-ST-ZIP WEST DES MOINES, IA 50266

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04/16/07-00016-021 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____