


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # F07000004680		
1. Entity Name LLIBERTY NURSING AGENCY INC.		
Principal Place of Business 426 HERBERTSVILLE RD. BRICK, NJ 08724	Mailing Address 426 HERBERTSVILLE RD. BRICK, NJ 08724	



04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4858064	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLYNN, BRIAN
 236 EAST HORNBEAM DRIVE
 LONGWOOD, FL 32779

DO NOT WRITE 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 _____ 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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRM MEYER, PATRICA 320 GREENTREE RD. BRICK, NJ 08724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEYER, PATRICA 320 GREENTREE RD. BRICK, NJ 08724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLYNN, MATTHEW 58 BENNETTS MILL RD. JACKSON, NJ 08527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FLYNN, PAMELA 58 BENNETTS MILL RD. JACKSON, NJ 08527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/23/08-80102-009 158.75

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: Patricia Meyer 4/7/08 732-749-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PATRICIA MEYER