

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

03-23-2007 90031 030 ***150.00

DOCUMENT # F66879 1. Entity Name LIBERTY TRUCKING, INC.																																																																																																					
Principal Place of Business HWY 121 SOUTH LAKE BUTLER FL 32054			Mailing Address HWY 121 SOUTH P O BOX 626 LAKE BUTLER FL 32054																																																																																																		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																			
Suite, Apt. #, etc. PO Box 626, Hwy 121 S.		Suite, Apt. #, etc.																																																																																																			
City & State		City & State		4. FEI Number 59-2158278																																																																																																	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																	
6. Name and Address of Current Registered Agent DRIGGERS, CASSANDRA RT. 4 BOX 3015 LAKE BUTLER FL 32054			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15713 W. SR 238 City Lake Butler FL Zip Code 32054																																																																																																		
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 is printing required when registering)																																																																																																					
FILE NOW! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 626 HWY 121 S.</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>LAKE BUTLER FL 32054</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>EMERY, CARITA</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>PO BOX 626 HWY 121 S.</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	PO BOX 626 HWY 121 S.		STREET ADDRESS			CITY- ST- ZIP	LAKE BUTLER FL 32054		CITY- ST- ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	EMERY, CARITA		STREET ADDRESS			CITY- ST- ZIP	PO BOX 626 HWY 121 S.		CITY- ST- ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition																																																																																																
STREET ADDRESS	PO BOX 626 HWY 121 S.		STREET ADDRESS																																																																																																		
CITY- ST- ZIP	LAKE BUTLER FL 32054		CITY- ST- ZIP																																																																																																		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition																																																																																																
STREET ADDRESS	EMERY, CARITA		STREET ADDRESS																																																																																																		
CITY- ST- ZIP	PO BOX 626 HWY 121 S.		CITY- ST- ZIP																																																																																																		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																		
CITY- ST- ZIP			CITY- ST- ZIP																																																																																																		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																		
CITY- ST- ZIP			CITY- ST- ZIP																																																																																																		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition																																																																																																
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 exemptions contained in Section 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: <u><i>Cassandra Driggers</i></u> 3-28-07 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR																																																																																																					