

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F66879

FILED
Jan 14, 2009
Secretary of State

Entity Name: LIBERTY TRUCKING, INC.

Current Principal Place of Business:

P.O. BOX 626 HWY 1215
LAKE BUTLER, FL 32054

New Principal Place of Business:

9678 SW SR 121
LAKE BUTLER, FL 32054

Current Mailing Address:

HWY 121 SOUTH
P O BOX 626
LAKE BUTLER, FL 32054

New Mailing Address:

FEI Number: 59-2158278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRIGGERS, CASSANDRA
15713 W SR 238
LAKE BUTLER, FL 32054 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DRIGGERS, CASSANDRA
Address: PO BOX 626 HWY 121 S.
City-St-Zip: LAKE BUTLER, FL 32054

Title: D () Delete
Name: EMERY, CARITA
Address: PO BOX 626 HWY 121 S.
City-St-Zip: LAKE BUTLER, FL 32054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CASSANDRA DRIGGERS

P

01/14/2009

Electronic Signature of Signing Officer or Director

Date