

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90011 024 \*\*\*550.00

**DOCUMENT # F96000001691**

1. Entity Name  
LIBERTY CAPITAL RESOURCES, INC.



Principal Place of Business  
11 W MADISON ST  
STE 110  
OAK PARK, IL 60302 US

Mailing Address  
11 WEST MADISON ST  
OAK PARK, IL 60302 US

**54063477**



07012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
36-3904007

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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  
S  
FITZPATRICK, EDWARD C  
115 S. LASALLE STREET  
CHICAGO, IL 60603

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
DUNNING, MICHAEL  
11 WEST MADISON STREET  
OAK PARK, IL 60302

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
KELLY, MICHAEL E  
11 WEST MADISON STREET  
OAK PARK, IL 60302

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
JOHNSON, RONALD  
28 W MADISON  
OAK PARK, IL 60302

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

**988-562-6779**