


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000000923	
1. Entity Name LIBERTY SERVICE CORPORATION OF FLORIDA	

Principal Place of Business 2708 E. DR. M.L.K. JR TAMPA, FL 33610	Mailing Address 2708 E. DR. M.L.K. JR TAMPA, FL 33610
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04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3490847	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHECT, NEIL ESQ. 3630 W. KENNEDY BLVD. TAMPA, FL 33609

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN0000341328 04/29/05-80132-003 300.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS AIKENS-GUZMAN, LA CHERYL 2404 WOODY TRACE LANE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS AIKENS, YVONNE J 3106 E. LAKE AVE. TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP2 AIKENS, TERYL R 3006 E. PONDEROSA TRAIL WIMAUMA, FL 33598
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AIKENS, DARYL A 102 JULEP CT. WARNER ROBINS, GA 31088
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS AIKENS, NICOLE T 3106 E. LAKE AVE. TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>La Cheryl Aikens-Guzman</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>4/26/05</u>	Daytime Phone # <u>813 232-8720</u>
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