

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 23, 2008 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**

DO NOT WRITE IN THIS SPACE



07212008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3490847

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AIKENS-GUZMAN, LA CHERYL Y PS
2708 E. DR. M.L.KING, JR. BLVD
TAMPA, FL 33610**

**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 \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

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

000000956081
07/23/08-80001-018 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

La Cheryl Aikens Guzman *La Cheryl Aikens Guzman* *7/24/08* *813 232-8725*