

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000923

FILED
Jun 15, 2009
Secretary of State

Entity Name: LIBERTY SERVICE CORPORATION OF FLORIDA

Current Principal Place of Business:

2708 E. DR. M.L.K. JR
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

2708 E. DR. M.L.K. JR
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3490847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: AIKENS-GUZMAN, LA CHERYL
Address: 2404 WOODY TRACE LANE
City-St-Zip: TAMPA, FL 33612

Title: AS () Delete
Name: AIKENS, YVONNE J
Address: 3106 E. LAKE AVE.
City-St-Zip: TAMPA, FL 33610

Title: VP2 () Delete
Name: AIKENS, TERYL R
Address: 3006 E. PONDEROSA TRAIL
City-St-Zip: WIMAUMA, FL 33598

Title: T () Delete
Name: AIKENS, DARYL A
Address: 102 JULEP CT.
City-St-Zip: WARNER ROBINS, GA 31088

Title: CS () Delete
Name: AIKENS, NICOLE T
Address: 3106 E. LAKE AVE.
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: LA CHERYL AIKENS-GUZMAN

PRES

06/15/2009

Electronic Signature of Signing Officer or Director

Date