2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G85812

LIEBIG, GUNNAR

254 GULF SHORE BL.,S.

NAPLES, FL 34102 US

Name:

Address:

City-St-Zip:

FILED Apr 23, 2004 Secretary of State

DOCON	ILIVI# OC	3012		Secretary of State	
Entity Na	me: LIEBIG I	NVESTMENTS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
501 AIRPO NAPLES, I	ORT RD S. FL 34104	US			
Current Mailing Address:			New Mailing Address:		
501 AIRPO NAPLES, I		US			
FEI Number	: 59-2377795	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
LIEBIG, WOLFGANG T 501 AIRPORT ROAD, S. NAPLES, FL 34104 US			LIEBIG, THOMAS 501 AIRPORT ROAD, NAPLES, FL 34104	501 AIŔPORT ROAD, S.	
	named entity e of Florida.	submits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: THOMAS LIEBIG				04/23/2004	
Electronic Signature of Registered Agent			nt	Date	
Election Car	mpaign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	S (KROUT, HAR 521-31ST ST NAPLES, FL	SW	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P (LIEBIG, THOI 254 GULF SH NAPLES, FL	IORE BL. S.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (LIEBIG, WOL 1111 GALLEC NAPLES, FL	ON DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	V () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: HAROLD E KROUT JR S 04/23/2004