


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:0**  
**Secretary of St**

<b>DOCUMENT # H65575</b> 1. Entity Name <b>LIBERTY MAXIMUM TITLE, INC.</b>		
Principal Place of Business <b>2800 AURORA ROAD SUITE H MELBOURNE, FL 32935 US</b>		Mailing Address <b>2800 AURORA ROAD SUITE H MELBOURNE, FL 32935 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>TAYLOR, NANCY R 2000 A1A HWY INDIAN HARBOR BEACH, FL 32937</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WALL, BARBARA 2000 A1A HWY INDIAN HARBOR BEACH, FL 32937	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TAYLOR, NANCY 2000 A1A HWY INDIAN HARBOR BEACH, FL 32937	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Barbara Wall</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>1/24/06</u> <small>Daytime Phone #</small>



01212006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2561134**

Applied For

Not Applicable

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

000000406180  
02/07/06-80079-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 1-24-06 Daytime Phone # 5032