


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

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| DOCUMENT # J11710 |  |
| 1. Entity Name LIBERTY COLLECTION BUREAU, INC. | |

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| Principal Place of Business 499 SR 434 S2125 ALTAMONTE SPRINGS, FL 32714 | Mailing Address P.O. BOX 160655 ALTAMONTE SPRINGS, FL 32716 US |
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02202006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|
| 4. FEI Number 59-2670256 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent WOLFRAM, STEPHEN W. 499 SR 434, S2125 ALTAMONTE SPGS., FL 32714 |
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**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VST WOLFRAM, SHARRON B. 499 SR 434 S2125 ALTAMONTE SPRGS, FL 32714 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDC WOLFRAM, STEPHEN W. 499 SR 434 S2125 ALTAMONTE SPRGS, FL 32714 |
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U00000486164
04/13/06-80026-020 150.00

**DO NOT WRITE
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:  **3-28-06 4076824577**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #