

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90074 019 ***150.00

DOCUMENT # J52003

1. Entity Name
LAWRENCE H. LIEBLING, P.A.



Principal Place of Business
**2655 MCCORMICK DRIVE
CLEARWATER, FL 33759 US**

Mailing Address
**2655 MCCORMICK DRIVE
CLEARWATER, FL 33759 US**

50001358



2. Principal Place of Business - No P.O. Box #
146 812 AVE NORTH
Suite, Apt. #, etc.

3. Mailing Address
146-812 AVE NORTH
Suite, Apt. #, etc.

01162008 Chg-P CR2E034 (12/06)

City & State
SAFETY HARBOR, FL
Zip
34695
Country
USA

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SAFETY HARBOR, FL
Zip
34695
Country
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4. FEI Number
59-2805337
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**LIEBLING, LAWRENCE H.
2655 MCCORMICK DRIVE
CLEARWATER, FL 33759**
**146-812 Avenue North
SAFETY HARBOR, FL
34695**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 **LAWRENCE H. LIEBLING, PRES.** 3/20/08
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
After May 1, 2008 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	PST LIEBLING, LAWRENCE H. 2655 MCCORMICK DR CLEARWATER, FL 146 812 AVE N SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIEBLING, LAWRENCE H. 2655 MCCORMICK DR CLEARWATER, FL 146 812 AVE N SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **LAWRENCE H. LIEBLING, PRES.** 3/20/08 727-797-7556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #