

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90132 001 *1,050.00

DOCUMENT # L94305

1. Entity Name

THREE GENERATIONS, INC.



Principal Place of Business

**2355 W SILVER HILL LANE
LECANTO FL 34461
US**

Mailing Address

**P O BOX 781
CRYSTAL RIVER FL 34423
US**

66001800



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business
P O Box 641004

3. Mailing Address
P O Box 641004

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Beverly Hills, Fla

City & State

Beverly Hills Fla

4. FEI Number

59-3026579

Applied For

Not Applicable

Zip
34464

Country

Zip
34464

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LIEBERMAN, RONALD
9 PINE DRIVE
HOMOSASSA FL 34448**

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete
NAME LIEBERMAN, RONALD
STREET ADDRESS 9 PINE DRIVE
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE DS ☐ Delete
NAME LIEBERMAN, HELENA
STREET ADDRESS 9 PINE DRIVE
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☒ Change ☐ Addition
NAME Lieberman, Ronald
STREET ADDRESS P O Box 641004
CITY-ST-ZIP Beverly Hills Fla 34464

TITLE DS ☒ Change ☐ Addition
NAME Lieberman, Helena
STREET ADDRESS P O Box 641004
CITY-ST-ZIP Beverly Hills Fla 34464

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2005

Date

Daytime Phone #

**352
527-7775**