


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # M89750		
1. Entity Name JOHN B. LIEBMAN, P.A.		
Principal Place of Business 2699 LEE ROAD # 320 WINTER PARK, FL 32789		Mailing Address P.O. BOX 608557 ORLANDO, FL 32860-8557
DO NOT WRITE IN THIS SPACE		
		04242006 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0060430
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LIEBMAN, JOHN B. 2699 LEE ROAD WINTER PARK, FL 32789		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. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	D	
NAME	LIEBMAN, JOHN B.	
STREET ADDRESS	P. O. BOX 608557	
CITY-ST-ZIP	ORLANDO, FL 328608557	
TITLE		
NAME		
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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: John B. Liebman, Pres		Date 4/24/06 Daytime Phone # 407/647-9550