2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 02, 2008 8:00 am
Secretary of State
09-02-2008 90031 027 ***150.00

DOCUMENT # P00000038408

1. Entity Name

LIBERTY SUPPLY OF ORLANDO, INC.

Principal Place of Business	Mailing Address
2901 TITAN ROW SUITE 130 ORLANDO FL 32809	2901 TITAN ROW SUITE 130 ORLANDO FL 32809

2nd MOORE CR2E034 (4/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2515 SHADER RD.	2515 SHADER RD
Suite, Apt. #, etc. A SUITE 5	Suite, Apt. #, etc. SUITE 5
City & State ORLANDO FL	City & State ORLANDO FL
Zip / Country 32804 / ORLANDO	Zip / Country 32804 / ORLANDO

4. FEI Number 59-3643492 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REIFSNYDER, MARK 2901 TITAN ROW SUITE 130 ORLANDO FL 32809	Name Street Address (P.O. Box Number is Not Acceptable) 2515 SHADER RD SUITE 5 City ORLANDO FL Zip Code 32801

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 $550.00
DUE BY September 3, 2008
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RAPCHICK, ROBERT 633 CYPRESS KEY DR. ATLANTIS FL 33462	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD REIFSNYDER, MARK 450 LOUCROFT ROAD HADDONFIELD NJ 08033	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAPCHICK, KENNETH 863 UNION RD. MULLICA HILL NJ 08062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAPCHICK, CHARLES 1 WEST EAGLE LANE CHERRY HILL NJ 08003	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ MARK REIFSNYDER 7/30/08 215-739-2112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #