

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000038408

FILED
Jan 29, 2009
Secretary of State

Entity Name: LIBERTY SUPPLY OF ORLANDO, INC.

Current Principal Place of Business:

2515 SHADER RD
SUITE 5
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

2515 SHADER RD
SUITE 5
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-3643492 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REIFSNYDER, MARK
2515 SHADER RD
SUITE 5
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAPCHICK, ROBERT
Address: 633 CYPRESS KEY DR.
City-St-Zip: ATLANTIS, FL 33462

Title: TSD () Delete
Name: REIFSNYDER, MARK
Address: 450 LOUCROFT ROAD
City-St-Zip: HADDONFIELD, NJ 08033

Title: D () Delete
Name: RAPCHICK, KENNETH
Address: 863 UNION RD.
City-St-Zip: MULLICA HILL, NJ 08062

Title: D () Delete
Name: RAPCHICK, CHARLES
Address: 1 WEST EAGLE LANE
City-St-Zip: CHERRY HILL, NJ 08003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK REIFSNYDER

TSD

01/29/2009

Electronic Signature of Signing Officer or Director

Date