


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000080325		
1. Entity Name THE LIBERAL LOAN COMPANY		
Principal Place of Business THE LIBERAL LOAN COMPANY 6838 PARK BLVD. PINELLAS PARK, FL 33781		Mailing Address 6838 PARK BLVD. PINELLAS PARK, FL 33781
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MARGARITIS, DOROTHY 4615 GULF BLVD, STE 216 ST PETE BEACH, FL 33706		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		U000000108382 04/12/04 0800 007 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARGARITIS, DOROTHY 285 MONTE CRISTO BLVD. SAINT PETERSBURG, FL 33715	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SUNCLAIR, JACQUELINE 5459 B LYNNLAKE DRIVE SOUTH SAINT PETERSBURG, FL 33712	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WHEELER, DEBORAH 2016 38TH AVENUE NORTH SAINT PETERSBURG, FL 33713	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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: <u>Dorothy Margaritis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/07/04</u> <u>(727)541-1614</u> <small>Date Daytime Phone #</small>