


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P0000080325</b> 1. Entity Name <b>THE LIBERAL LOAN COMPANY</b>	
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Principal Place of Business <b>THE LIBERAL LOAN COMPANY 6838 PARK BLVD. PINELLAS PARK, FL 33781</b>	Mailing Address <b>6838 PARK BLVD. PINELLAS PARK, FL 33781</b>
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04272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3666463</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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5. Name and Address of Current Registered Agent  <b>MARGARITIS, DOROTHY 4615 GULF BLVD, STE 216 ST PETE BEACH, FL 33706</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000753211 05/22/07-00012-003 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MARGARITIS, DOROTHY 285 MONTE CRISTO BLVD. SAINT PETERSBURG, FL 33715</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SUNCLAIR, JACQUELINE 5459 B LYNNLAKE DRIVE SOUTH SAINT PETERSBURG, FL 33712</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST WHEELER, DEBORAH 2016 38TH AVENUE NORTH SAINT PETERSBURG, FL 33713</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **4/27/07 727 541 1014**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #