

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90049 038 ***158.75

DOCUMENT # P00000081423

1. Entity Name

LIBERTY ASSET MANAGEMENT, INC.



Principal Place of Business

**430 JASMINE WAY 1180 GULF BLVD #1006
CLEARWATER FL 33756**

Mailing Address

**430 JASMINE WAY 1180 GULF BLVD #1006
CLEARWATER FL 33756**

2. Principal Place of Business

1221 Rogers Street

Suite, Apt. #, etc.

Suite B

City & State

Clearwater, FL

Zip

33756

Country

US

3. Mailing Address

1221 Rogers Street

Suite, Apt. #, etc.

Suite B

City & State

Clearwater, FL

Zip

33756

Country

US



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3668599

Applied For

Not Applicable

5. Certificate of Status Desired

XX

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARSH, ED
430 JASMINE WAY
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

Name

Myron G. Finley

Street Address (P.O. Box Number is Not Acceptable)

1221 Rogers Street

Suite B

City

Clearwater

FL

Zip Code
33756

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 \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **MARSH, ED**
STREET ADDRESS **430 JASMINE WAY**
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
NAME **Finley, Myron G.**
STREET ADDRESS **1221 Rogers St., Suite B**
CITY-ST-ZIP **Clearwater, FL 33756**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/05 727-461-1733