*2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 27, 2004 08:00 AM DOCUMENT # P00000111838 **Secretary of State** 1. Entity Name LIBERTY SQUARE PROPERTIES, INC. Principal Place of Business Mailing Address POST OFFICE BOX 1705 DUNEDIN FL 34697 1177 MAIN STREET SUITE C DUNEDIN FL 34698 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State Applied For 4. FEI Number 59-3686607 Not Applical Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GEORGE, THOMAS E Street Address (P.O. Box Number is Not Acceptable) 2682 CRÝSTAL CIRCLE **DUNEDIN FL 34698** City 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 access the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agont and title it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Ed After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 11 11. TITLE Delete TIBLE ☐ Change ☐ Addit GEORGE, THOMAS E MARKE MALIF U000000014975 STREET ADDRESS 2682 CRYSTAL CIRCLE STREET ADDRESS ni/27/04-80044-006 150.00 CITY-ST-ZIP **DUNEDIN FL 34698** S114 - S1 - Z1P THE Delete BILE Change Add To NAME MAME STREET ADDRESS STREET ADDRESS CATY - ST-ZEP CETY - ST - ZIP Delete THE TITLE Change ☐ A.s. NAME MAKE STREET APDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-782 ☐ Delete TITLE T373 F □ Addi Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ■ Man. 7113 F TITLE Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE ☐ Delete THLE Change ☐ Adding NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHTY-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 direction 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: __&

GNATURE AND TYPED OR PENTLED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04 727 734-7946

FILED