

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90289 004 ***150.00

DOCUMENT # P0100007231

1. Entity Name
LIBERTY INTERNATIONAL, INC.



Principal Place of Business
**3720 53RD AVE E
 BRADENTON, FL 34203**

Mailing Address
~~3355 BEARSS AVE~~ **16528 N. Dale Mabry Hwy**
TAMPA, FL 33618

2. Principal Place of Business
6720 Osprey Drive

3. Mailing Address
16528 N. Dale Mabry Hwy.

Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State
Tampa, FL

Zip
34240

Country
U.S.

Zip
33618

Country
US



4. FEI Number
65-1086426

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SANDERS, WALTER S
~~3355 BEARSS AVE~~ **16528 N. Dale Mabry Hwy**
TAMPA, FL 33618**

7. Name and Address of New Registered Agent
 Name
Sanders, Walter
 Street Address (P.O. Box Number is Not Acceptable)
16528 N. Dale Mabry Hwy.
 City
Tampa **FL** Zip Code
33618

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 Walter Sanders Walter Sanders 2/20/05
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KANTERS, MICHAEL S 3720 53RD AVE E BRADENTON, FL 34203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P. Kanters, Michael S 6720 Osprey Drive Sarasota, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANDERS, WALTER S 3355 BEARSS AVE 16528 N Dale Mabry Hwy TAMPA, FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T Sanders, Walter 16528 N. Dale Mabry Hwy Tampa, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael Kanters Michael Kanters 4/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #