


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

*[Handwritten signature]*

DOCUMENT # P01000101283		
1. Entity Name LIBERTY LIMOUSINE SERVICE, INC.		

FILED

05 AUG 25 AM 9:51

SECRET  
TALLAHASSEE, FLORIDA



Principal Place of Business 145 MCKEE LANE VERO BEACH, FL 32963	Mailing Address 145 MCKEE LANE VERO BEACH, FL 32963
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

08162005 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3750732

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

RYAN, DANNIS J  
145 MCKEE LANE  
VERO BEACH, FL 32960

*name correction only* →

7. Name and Address of New Registered Agent

Name Ryan, Dennis J.

Street Address (P.O. Box Number is Not Acceptable)  
600059393336

City FL Zip Code 09/07/05--01027--018 \*\*61.25

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 re-stating) DATE \_\_\_\_\_

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RYAN, CAROLE S 145 MCKEE LANE VERO BEACH, FL 32963 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RYAN, DENNIS J 145 MCKEE LANE VERO BEACH, FL 32963 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIGUENZA, HELEN 706 14TH AVE VERO BEACH, FL 32962 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RYAN, MONICA 2743 SW GLENMOOR WAY PALM CITY, FL 34990 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV HAYDN, JON 1590 5TH AVE VERO BEACH, FL 32960 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV STEVENS, FRANK 84 CROOKED TREE LANE #104 VERO BEACH, FL 32962 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV James R. Youngken 1279 George St Sebastian FL 32958 <input type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV Leonel Rocha 5211 Deer Run Dr. Fr. Pierce, FL 34951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV Joseph A. Mroz Jr. 545 46th Ct Vero Beach, FL 32968 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV Michael Korman 167 Filbert St. Sebastian, FL 32958 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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: Monica Ryan Monica Ryan, Secretary 8/19/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-to Phone #