2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000108854

1. Entity Name
LIBERTY ARMS, INC.

Principal Place of Business	Mailing Address
500 FENTRESS BOULEVARD DAYTONA BEACH, FL 32114	500 FENTRESS BOULEVARD DAYTONA BEACH, FL 32114

01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
39-3755597

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COSTA, HELEN C ESQ.
7330 WEST 20TH AVENUE
MIAMI LAKES, FL 33016-1836

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COSTA, FRANK R
STREET ADDRESS	500 FENTREE BLVD.
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	VPD
NAME	RUSSELL, WILLIAM C
STREET ADDRESS	500 FENTREE BOULEVARD
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	TD
NAME	COSTA, REINALDO
STREET ADDRESS	7330 WEST 20TH AVE.
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	SD
NAME	COSTA, MAURICE R
STREET ADDRESS	7330 WEST 20TH AVE.
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/06-80027-007 158.75

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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: 1/25/06 386-239-7100