


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000108854 1. Entity Name LIBERTY ARMS, INC.	
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Principal Place of Business 500 FENTRESS BOULEVARD DAYTONA BEACH, FL 32114	Mailing Address 500 FENTRESS BOULEVARD DAYTONA BEACH, FL 32114
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DO NOT WRITE IN THIS SPACE



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 39-3755597	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000582163 01/19/07-80052-017 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COSTA, FRANK R 500 FENTREE BLVD. DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUSSELL, WILLIAM C 500 FENTREE BOULEVARD DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COSTA, REINALDO 7330 WEST 20TH AVE. HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COSTA, MAURICE R 7330 WEST 20TH AVE. HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/18/07 386-239-7110 Date Daytime Phone #
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