


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90040 027 ***150.00

DOCUMENT # P03000049889 1. Entity Name KATHLEEN A. LIEBERMAN, P.A.																																																																																																									
Principal Place of Business 9225 BAY PLAZA BLVD. SUITE #405 TAMPA, FL 33619			Mailing Address 9225 BAY PLAZA BLVD. SUITE #405 TAMPA, FL 33619 US																																																																																																						
2. Principal Place of Business - No P.O. Box # 10445 GIBSONTON DR.		3. Mailing Address 122 SHELL FALLS DR.																																																																																																							
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																							
City & State RIVERVIEW, FL		City & State APOLLO BEACH, FL		4. FEI Number 06-1693578																																																																																																					
Zip 33669		Country HILLSBOROUGH		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																					
Zip 33572		Country HILLSBOROUGH		Applied For Not Applicable																																																																																																					
6. Name and Address of Current Registered Agent LASMAN, JEFFREY M LASMAN LAW FIRM, P.A. 115 PROVIDENCE RD. BRANDON, FL 33511			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>																																																																																																						
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 <u><i>Jeffrey M. Lasman</i></u> 4/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PTD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LIEBERMAN, KATHLEEN A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9225 BAY PLAZA BLVD. - SUITE #405</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33619</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VSD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LIEBERMAN, STEVEN S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9225 BAY PLAZA BLVD. - SUITE #405</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33619</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td>10445 GIBSONTON DRIVE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>RIVERVIEW, FL 33569</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td>10445 GIBSONTON DRIVE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>RIVERVIEW, FL 33569</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> </div>						TITLE	PTD	<input type="checkbox"/> Delete	NAME	LIEBERMAN, KATHLEEN A		STREET ADDRESS	9225 BAY PLAZA BLVD. - SUITE #405		CITY-ST-ZIP	TAMPA, FL 33619		TITLE	VSD	<input type="checkbox"/> Delete	NAME	LIEBERMAN, STEVEN S		STREET ADDRESS	9225 BAY PLAZA BLVD. - SUITE #405		CITY-ST-ZIP	TAMPA, FL 33619		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	10445 GIBSONTON DRIVE	STREET ADDRESS	RIVERVIEW, FL 33569	CITY-ST-ZIP		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	10445 GIBSONTON DRIVE	STREET ADDRESS	RIVERVIEW, FL 33569	CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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: <u><i>Kathleen A. Lieberman</i></u> 4/30/07 813-643-9935 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																									