

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055284

FILED
Feb 03, 2005
Secretary of State

Entity Name: LIBERTY AUTO CENTER, INC.

Current Principal Place of Business:

3415 US HIGHWAY 19
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

3844 CHERRYWOOD DR.
HOLIDAY, FL 34691

New Mailing Address:

FEI Number: 56-2363129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELARAKOS, NICHOLAS
3844 CHERRYWOOD DR.
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: KELARAKOS, NICHOLAS
Address: 3844 CHERRYWOOD DR.
City-St-Zip: HOLIDAY, FL 34691

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: KELARAKOS, NICHOLAS
Address: 3844 CHERRYWOOD DR.
City-St-Zip: HOLIDAY, FL 34691

Title: VP () Change (X) Addition
Name: BARLAS, LEE
Address: 324 BAY ARBOR BLVD
City-St-Zip: OLDSMAR, FL 34677

Title: VP () Change (X) Addition
Name: BARLAS, GEORGE
Address: 2401 WOOD POINTE DR
City-St-Zip: HOLIDAY, FL 34691

Title: SEC () Change (X) Addition
Name: BARLAS, LEE
Address: 324 BAY ARBOR BLVD
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICK KELARAKOS

PRES

02/03/2005

Electronic Signature of Signing Officer or Director

Date