


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State


02-09-2006 90040 006 ***150.00

DOCUMENT # P03000055284	
1. Entity Name LIBERTY AUTO CENTER, INC.	

Principal Place of Business 3415 US HIGHWAY 19 HOLIDAY, FL 34691	Mailing Address 3844 CHERRYWOOD DR. HOLIDAY, FL 34691
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DO NOT WRITE IN THIS SPACE

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01262006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2363129	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KELARAKOS, NICHOLAS
3844 CHERRYWOOD DR.
HOLIDAY, FL 34691

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES KELARAKOS, NICHOLAS 3844 CHERRYWOOD DR. HOLIDAY, FL 34691	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARLAS, LEE 324 BAY ARBOR BLVD OLDSMAR, FL 34677	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARLAS, GEORGE 2401 WOOD POINTE DR HOLIDAY, FL 34691	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BARLAS, LEE 324 BAY ARBOR BLVD OLDSMAR, FL 34677	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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 an other like empowered.

SIGNATURE:  **PRESIDENT** 1-29-06 727-842-6658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #