

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90059 049 ***150.00

DOCUMENT # P03000112973 1. Entity Name LIBERTY ELDER AND ESTATE PLANNING, INC.			
Principal Place of Business 5337 NORTH SOCRUM LOOP ROAD SUITE #318 LAKELAND, FL 33809		Mailing Address 5337 NORTH SOCRUM LOOP ROAD SUITE 318 SUITE #318 LAKELAND, FL 33809	
2. Principal Place of Business - No P.O. Box # 1721 DIAMOND WALK		3. Mailing Address 1721 DIAMOND WALK	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State LAKELAND, FLORIDA		City & State LAKELAND, FLORIDA	
Zip 33809		Zip 33809	
Country USA		Country USA	
4. FEI Number 52-2404068		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired FC		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANKLIN, JAMES R 310 EAST MAIN STREET BARTOW, FL 33830		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELF, BRADLEY C 1721 DIAMOND WALK LAKELAND, FL 33809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Bradley C. Self</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/17/2008</u> Daytime Phone #: <u>863-660-0859</u>	