

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000131551			
1. Entity Name LIBERTY CONTRACTING, INC.			
Principal Place of Business 11203 FAIRCLOTH RD. BRISTOL, FL 32321		Mailing Address P.O. BOX 176 BRISTOL, FL 32321	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip #	Country	Zip	Country
4. FEI Number 20-0397946		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARNES AND JAMES, P.A. 2629 BLAIR STONE RD TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Grimsley, Cavin & Rooks, CPAs Street Address (P.O. Box Number is Not Acceptable) 4243 Lafayette Street City Marianna FL Zip Code 32446	
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 X Larry Holley DATE 7-21-05 Signature, typed or printed name of registered agent and date of acceptance. (NOTE: Registered Agent signature required when registering.)			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P ☐ Delete NAME SHOBBY, LARRY D STREET ADDRESS 11203 FAIRCLOTH RD. CITY-ST-ZIP BRISTOL, FL 32321		TITLE D ☐ Change ☒ Addition NAME Johnny Ray Hutto STREET ADDRESS 4770 Preston Johnson CITY-ST-ZIP Tallahassee, FL 32310	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: X Larry Holley DATE 7-21-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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