1. Entity Nam LIBERTY Principal Place 3324 EMERS TALLAHASSE 2. Principal P Suite, Apt.	LAND AND TRACTOR INC.				09-20-2004 90001	012 ***150.00
3324 EMERS TALLAHASSE 2. Principal P //00 Suite, Apt.	ON LANE	-				
Suite, Apt.		-		56434363		
in & Stat	ace of Business HawkeyeTr. #, etc.	3. Mailing Address 1001 Haw Suite, Apt. #, etc.	Keye Tr.	07262004	Chg-P CR2E0	134 (10/03)
Tallal 323	hassee Florida 17: Country	Tallahassa 2037311	er Floricla	4. EEl Numbe 5. Certificate	-1103394	Applied For Not Applicable \$8.75 Additional Fee Required
3324 EME	6. Name and Address of Current F ALTER T.III RSON LANE SSEE, FL 32317	legistered Agent	sijeranijejs	7. Name and UCC (PP. Pop Num)	Address of New Registered I	igent.
the obligat SIGNATURE	named entity submits this statement for ions of registered agent. Signature, hjoed or patient agent at LE NOWI!! FEE IS \$150.00 ue by September 8, 2004		registored office or registr Ricconnel Audit Socialism registr gn Financing\$	_		
10.	OFFICERS AND D	NRECTORS	11.	ADDITIONS/	CHANGES TO OFFICERS AND	DIRECTORS IN 11
TITLE NAME STREET ADDRESS GITY- ST-ZIP	P MAIGE, WALTER T III 3324 EMERSON LANE TALLAHASSEE, FL 32317	Daiele	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change 🗋 Addition
TITLE NAME STREET ADDACSS CITY-ST-ZIP	VT MAIGE, SANDEE M 3324 EMERSON LANE TALLAHASSEE, FL 32317	🗋 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change C Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Dolete	TITLE NAME STREET ADORESS CITY-SE-ZP		• • • •	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Defeie	TIFLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	Delete	TITLE NAME STREET ADDRESS CITY-5T-2P			Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗌 Delete	TIRLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	· ·	Change Addition
12. Thereby of indicated of the corchanged, SIGNAT	Certify that the information somplied with on this report or supplemental report is poralion or the receiver of trystae empor or on an attachment with an address, w URE:		It e exemption stated in S signature shall have the as required by Chapter 60 L Ja Diffec rg/s	lection 119.07(3)(2 same legal offec 07. Florida Statute	7/28/04	tify that the information: am an olficer or director n Block 10 or Block 11 ir 5007 - 59 2

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 21, 2004

LIBERTY LAND AND TRACTOR INC. 1004 HAWKEYE TR. TALLAHASSEE, FL 32317

Subject: LIBERTY LAND AND TRACTOR INC.

Reference Number: P03000158379

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/ml ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314