2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

02-28-2005 90240 009 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P04000014159

1. Entity Name

LIBERTY MATERIALS, INC.

Principal Place of Business	Mailing Address
P. O. BOX 626 LAKE BUTLER FL 32054	P. O. BOX 626 LAKE BUTLER FL 32054

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 06-1716523 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EMERY, CARITA S
STATE ROAD 121 SOUTH
LAKE BUTLER FL 32054

7. Name and Address of New Registered Agent

Name: Cassandra Driggers

Street Address (P.O. Box Number is Not Acceptable): 9676 SW SR 121

City: Lake Butler FL Zip Code: 32054

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: Cassandra Driggers — 3/22/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	DRIGGERS, CASSANDRA S	
STREET ADDRESS	P. O. BOX 626	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE	O Officer - secretary	☐ Delete
NAME	EMERY, CARITA S	
STREET ADDRESS	P. O. BOX 626	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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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 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 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: Cassandra Driggers — Cassandra Driggers — 2/17/05 — 386 496 1991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #