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Secretary of State
04-01-2005 90123 001 ***300.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000042387

1. Entity Name
LIBERTY POOLS INC.

Principal Place of Business	Mailing Address
556-D NORTH HIGHWAY 27 CLERMONT, FL 34711	556-D NORTH HIGHWAY 27 CLERMONT, FL 34711

66008201

03282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	556-D S. Hwy 27
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Minneola, FL. 34715
Zip / Country	Zip 34715 / Country U.S.A

4. FEI Number 87-0720579 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LIDDELL, KEVIN
10349 REGAL DRIVE
CLERMONT, FL 34711

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ____ 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

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LIDDELL, KEVIN 10349 REGAL DRIVE CLERMONT, FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST LIDDELL, BARBARA 11020 OLEANDER DRIVE CLERMONT, FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 03/28/05
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #