


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000042387

1. Entity Name
LIBERTY POOLS INC.



FILED
05 APR 21 PM 1:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
556-D NORTH HIGHWAY 27 **556-D SOUTH HIGHWAY 27**
CLERMONT, FL 34711 **MINNEOLA, FL 34715**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

04082006 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number
87-0720670 Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LIDDELL, KEVIN
10340 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 (Print or Printed Name of Registered Agent or Officer/ Director) NOTE: Registered Agent Signature (Required when Not Stated) DATE

Amended AR is **\$81.25** 9. Election Campaign Financing **\$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	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	LIDDELL, KEVIN 10340 REGAL DRIVE CLERMONT, FL 34711	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	ST LIDDELL, BARBARA 11020 OLEANDER DRIVE CLERMONT, FL 34711	<input type="checkbox"/> Change <input type="checkbox"/> Addition	000054001550 05/06/05--01038--023 **70.00
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	V/A Liddell, Tom 11020 Oleander Drive Clermont FL 34711
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 and name 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 empowerings.

SIGNATURE: *Thomas Liddell* **04/04/05**