

**2007 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FOR-PROFIT ANNUAL CORPORATION

DOCUMENT # P04000130641

1. Entity Name

AMERICAN LIBERTY HOME CARE SERVICE COMPANY, INC.



Principal Place of Business

1025 GREENWOOD BOULEVARD, SUITE 121
LAKE MARY, FL 32746

Mailing Address

1025 GREENWOOD BOULEVARD, SUITE 121
LAKE MARY, FL 32746

FILED

07 OCT -5 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08292007 No Chg. CR2E034 (11/05)

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4. FEI Number
20-1650834

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABEL, JR., ALOYSIUS J
293 DUBLIN DRIVE
LAKE MARY, FL 32746

**DO NOT WRITE
IN THIS SPACE**

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 \$50.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME ABEL, III, ALOYSIUS J
STREET ADDRESS 1025 GREENWOOD BOULEVARD, SUITE 121
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE D
NAME ABEL, JR., ALOYSIUS J
STREET ADDRESS 1025 GREENWOOD BOULEVARD, SUITE 121
CITY-ST-ZIP LAKE MARY, FL 32746

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 employees.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**