

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000155776

1. Entity Name
LIBERTY BANK



Principal Place of Business
1617 GULF TO BAY BLVD
CLEARWATER, FL 33755

Mailing Address
1617 GULF TO BAY BLVD
CLEARWATER, FL 33755



07032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1843600

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COPE, RICHARD W
STREET ADDRESS	1188 Mandalay Point
CITY-ST-ZIP	CLEARWATER, FL 33767

TITLE	D
NAME	DOGANIERO, PHILIP
STREET ADDRESS	224 PONCE DE LEON BLVD
CITY-ST-ZIP	BELLEAIR, FL 33756

TITLE	D
NAME	DOYLE, DANIEL M
STREET ADDRESS	7 Stonegate Dr
CITY-ST-ZIP	BELLEAIR, FL 33756

TITLE	D
NAME	FISHER, FREDERICK E
STREET ADDRESS	1166 LINDENWOOD DR
CITY-ST-ZIP	TARPON SPRINGS, FL 34688

TITLE	D
NAME	MORGAN, LARRY C
STREET ADDRESS	5 Stonegate Dr
CITY-ST-ZIP	BELLEAIR, FL 33756

TITLE	D
NAME	MURRAY, RAYMOND E
STREET ADDRESS	3413 Braeide Pl
CITY-ST-ZIP	CLEARWATER, FL 33759

000000568902
07/11/06-80003-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Alan Grandoff, CFO

7/5/06 727 445-6700

Date

Daytime Phone #