2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000155776

Entity Name: LIBERTY BANK

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
	TO BAY BLVE TER, FL 33759							
Current Mailing Address:				New Mailing Address:				
1617 GULF TO BAY BLVD CLEARWATER, FL 33755								
FEI Number: 2	20-1843600	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:					
					AVID TO BAY BLV TER, FL 3375			
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.								
SIGNATURE: DAVID STONE					04/29/2008			
	Electronic	Signature of Registered Agent	t			Date		
Election Campaign Financing Trust Fund Contribution ().								
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D () I COPE, RICHARE 1188 MANDALAY CLEARWATER,	POINT		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	D () I DOGANIERO, PH 224 PONCE DE I BELLEAIR, FL 3	LEON BLVD		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	D () I DOYLE, DANIEL 7 STONEGATE I BELLEAIR, FL 3	PR		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	D () I FISHER, FREDE 1166 LINDENWO TARPON SPRING	OOD DR		Title: Name: Address: City-St-Zip:	D (X) ARMSTRONG, I 1614 SANTA BA DUNEDIN, FL 3	ARBARA DR		
Title: Name: Address: City-St-Zip:	D ()[MORGAN, LARR 5 STONEGATE D BELLEAIR, FL 3	DR .		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	D (X) I MURRAY, RAYM 3413 BRADEIDE CLEARWATER, I	PL		Title: Name: Address: City-St-Zip:	()	Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J ALAN GRANDOFF CFO 04/29/2008