2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2007 08:00 A
Secretary of State

DOCUMENT # P04000166220

1. Entity Name
FADDIS-LIBERIS DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
40 SOUTH PALAFOX PL SUITE 500 PENSACOLA, FL 32502	40 SOUTH PALAFOX PL SUITE 500 PENSACOLA, FL 32502

07102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2247247
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LIBERIS, CHARLES S. ESQUIRE
40 SOUTH PALAFOX PL
SUITE 500
PENSACOLA, FL 32502

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

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

U00000773629
09/07/07-80007-013 550.00

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	LIBERIS, CHARLES S. ESQUIRE
STREET ADDRESS	40 SOUTH PALAFOX PL
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	D
NAME	FADDIS, CHARLES F.
STREET ADDRESS	6701 PENSACOLA BOULEVARD
CITY-ST-ZIP	PENSCOLA, FL 32505
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 8-30-07 850-438-9647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #