

**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.	
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Principal Place of Business 40 SOUTH PALAFOX PL SUITE 500 PENSACOLA, FL 32502	Mailing Address 40 SOUTH PALAFOX PL SUITE 500 PENSACOLA, FL 32502
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DO NOT WRITE IN THIS SPACE



07102007 No Chg-P CR2E034 (11/05)

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.

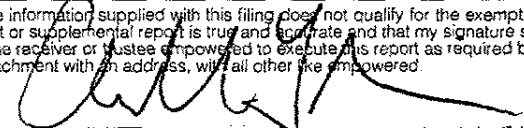
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000773629 09/07/07-80007-013 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D LIBERIS, CHARLES S. ESQUIRE 40 SOUTH PALAFOX PL PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FADDIS, CHARLES F. 6701 PENSACOLA BOULEVARD PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 #