2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 29, 2008 8:00 am Secretary of State

					¬ №	occi cia	\mathbf{u}	au	
DOCUMENT # P06000012129 1. Enlity Name LIBERTY CAFE, INC.					02-29-2008 90016 035 ***150.00				
Principal Pla	ce of Business	Mailing Address	ailing Address		ԱՄՄ	v -			
,		6867 OAK STREET	_			+			
5237 WILLI Milton, Fl		MILTON, FL 32570 US			7.				
WILTUN, FL	32370 03	MILTON, 7E 32370			1388118811111	I PUIA BUIU A BUIU A PUU PA:	ek marni itaya jimbe ekera jimba	idiirei ii iroi	
2 Delegional	Place of Business - No P.O. Box #	3. Mailing Address							
z. mncipai	riace of business - No F.O. box #	5393 CONEC	ום כיים דו	יחי		BOLEO BERN DOLLI DOLLI DOLLI			
Suite, Ap	l. #, etc.	Suite, Apt. #, etc.				00000000			
						02202008 Chg-P CR2E034 (12/06)			
City & State		City & State			4. FEI Number	r	[A	Applied For	
,		MILTON, FL			59-2858	398		Not Applicable	
Zip	- Country	Zip	Country		5. Certificate of Status Desired		\$8.75 Additional		
		32570	SANTA I	ROSA	J. Cermicale C	A Status Desireo	Fee Requir		
	6. Name and Address of Curr	ent Registered Agent			7. Name and A	Address of New R	egistered Agent		
			Name)					
ANDREW		Civan	Court Addison (D.O. Courth, when in high Appendix Lin						
5218 WILLING STREET				Street Address (P.O. Box Number is Not Acceptable)					
MILTON,	FL 32570					****	·- <u></u>		
				City FI Zip Code					
	a named entity sübmits this statemen	secialored office	ar ragistor	nd agent or bette	in the State of Ele	rido. Lam familias with	and penant		
	e named entity submits this statement tions of redistered agent.	nctor the purpose of changing its	registered office	or register	ed agent, or both	, in the State of No	nua. Tam lammai wim	, and accept	
tile obliga	() #\\\. () ()	<i></i>							
SIGNATURES	www po								
	Signature, typed or printer name of registered at	gent and title if applicable. (NOT	E: Registered Agent sign	nature required	when reinstaling)		DATE		
		O Fleetier Compa	ina Cinapoleo	6 E					
	E NOW!!! FEE IS \$150.00	9. Election Campa n nn Trust Fund Cont			00 May Be ed to Fees				
After M	ay 1, 2008 Fee will be \$55	0.00			.5 15 1 565				
10.	OFFICERS A	ND DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTOR	IS IN 11	
TITLE	Р	☐ Delete	TITLE	P			Change	Addition	
NAME	PRUITT, GARY			PRUITT, GARY					
STREET ADDRESS				i e					
CITY-ST-ZIP	MILTON, FL 32570 CITY			MILTON, FL 32570					
TITLE		☐ Delete	TITLE	1			☐ Change	☐ Addition	
NAME			NAME	ļ			_ ,		
STREET ADDRESS			STREET ADDRESS	.					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE	-	☐ Deiete	TITLE	1			☐ Change	Addition	
NAME		L_ Delete	NAME						
STREET ADDRESS		,	STREET ADDRESS				* *		
CITY-SI-ZIP		,	CITY - ST - ZIP						
			TITLE	+		- /	☐ Change	☐ Addition	
THE		☐ Delete	NAME				Grianga		
NAME			STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP						
GIT*31*ZIF			Imr	- 			☐ Change	Addition	
TITLE		☐ Delete	NAME				☐ Ollenge		
NAME			STREET ADDRESS						
STREET ADDRESS			CITY-ST-ZIP						
CITY-ST-ZIP				 			☐ Change	Addition	
TITLE		☐ Delete	TITLE				LT cuants	T VOORIOU	
NAME			NAME STREET ADDRESS	-					
STREET ADDRESS			CITY-ST-ZIP					İ	
CITY-S1-ZIP		10 0 0 10 10 10 10 10 10 10 10 10 10 10		onntoleod :	in Chapter 110. 5	Ilorida Stetutos 1 fi	uther certify that the in	tormation	
	certify that the information supplied w on this report or supplemental repor								
of the cor	on this report or supplemental repor poration or the receiver or trustee en or on an attachmen a with an addres:	powered to execute this report.	as required by Ch	apter 607,	Florida Statutes;	and that my name	appears in Block 10 or	Block 11 if	