

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000044256

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: LIBERTY PROTECTIVE SERVICES AND PATROL, INC.

## Current Principal Place of Business:

11250 OLD ST. AUGUSTINE ROAD #15-263  
JACKSONVILLE, FL 32257

## New Principal Place of Business:

## Current Mailing Address:

11250 OLD ST. AUGUSTINE ROAD #15-263  
JACKSONVILLE, FL 32257

## New Mailing Address:

FEI Number: 20-4540810

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARRARD, JAY CPA  
6828 ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32217 US

## Name and Address of New Registered Agent:

RAMOS, TAMMY  
875 STOCKTON STREET  
JACKSONVILLE, FL 32204 US

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: TAMMY RAMOS

04/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NEWMAN, DANIEL  
Address: 11250 OLD ST. AUGUSTINE ROAD #15-263  
City-St-Zip: JACKSONVILLE, FL 32257

Title: V (X) Delete  
Name: NEWMAN, KATHLEEN  
Address: 11250 OLD ST. AUGUSTINE ROAD #15-263  
City-St-Zip: JACKSONVILLE, FL 32257

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: NEWMAN, KATHLEEN  
Address: 11250 OLD ST. AUGUSTINE ROAD #15-263  
City-St-Zip: JACKSONVILLE, FL 32257

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHLEEN NEWMAN

PSTD

04/10/2007

Electronic Signature of Signing Officer or Director

Date