

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000026506

FILED
Apr 24, 2012
Secretary of State

Entity Name: LIBERTY SOUTH CONSTRUCTION SERVICES, INC.

Current Principal Place of Business:

ONE HARVARD CIRCLE
SUITE 101
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

ONE HARVARD CIRCLE
SUITE 101
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 90-0355024 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DIAZ, JUAN ESQ.
ONE HARVARD CIRCLE
SUITE 100
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: KIRBY, REX B
Address: ONE HARVARD CIRCLE, SUITE 100
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VPS
Name: GORMAN, JOHN P
Address: 65 ALLERTON STREET
City-St-Zip: BOSTON, MA 02119

Title: C
Name: FISH, JOHN F
Address: 65 ALLERTON STREET
City-St-Zip: BOSTON, MA 02119

Title: VPT
Name: AZARELA, MICHAEL R
Address: 65 ALLERTON STREET
City-St-Zip: BOSTON, MA 02119

Title: VPAS
Name: DIAZ, JUAN
Address: ONE HARVARD CIRCLE, SUITE 100
City-St-Zip: WEST PALM BEACH, FL 33409

Title: CFO
Name: BENDGEN, CHARLES A
Address: ONE HARVARD CIRCLE, SUITE 100
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby 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 all other like empowered.

SIGNATURE: JUAN DIAZ

VPAS

04/24/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date