

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P92000005023**

1. Entity Name

LIBERTY INFORMATION SERVICE, INC.



Principal Place of Business

4309 W. TYSON AV  
TAMPA FL 33611

Mailing Address

4309 W. TYSON AV  
TAMPA FL 33611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. # etc

Suite, Apt. # etc

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3162461

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHN, ROY W  
3321 HENDERSON BLVD.  
TAMPA FL 33609

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 required of principal or registered agent and file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

NAME: P CARTER, JESSE ☐ Delete  
STREET ADDRESS: 910 S ROME AVE  
CITY, ST, ZIP: TAMPA FL 33606

NAME: ☐ Delete  
STREET ADDRESS:  
CITY, ST, ZIP:

NAME: ☐ Delete  
STREET ADDRESS:  
CITY, ST, ZIP:

NAME: ☐ Delete  
STREET ADDRESS:  
CITY, ST, ZIP:

NAME: ☐ Delete  
STREET ADDRESS:  
CITY, ST, ZIP:

NAME: ☐ Delete  
STREET ADDRESS:  
CITY, ST, ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY, ST, ZIP: UN0000198842  
01/28/05-80001-017 158.75

NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY, ST, ZIP:

NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY, ST, ZIP:

NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY, ST, ZIP:

NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY, ST, ZIP:

NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY, ST, ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Jesse M Carter* Jesse M CARTER

1/19/05 8139029888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #