


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90259 047 \*\*\*150.00

1. Entity Name *P9200013264*  
*Liberty RV & Marine INC.* 

Principal Place of Business: 7500 NW 42 AVE ROAD, OCALA, FL 34482 US  
 Mailing Address: 7500 N.W. 42 AVE ROAD, OCALA, FL 34482 US

**DO NOT WRITE IN THIS SPACE**



4. FEI Number *650375680* Applied For  Not Applicable   
 5. Certificate of Status Desired  \$8.75

6. Name and Address of Current Registered Agent  
*Wayne Spear*  
*7500 NW 42nd AVE Rd*  
*Ocala, FL 34482 US.*

**DO NOT WRITE IN THIS SPACE**

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 *Wayne Spear* x *Wayne C. Spear* *4-19-04*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00

10. OFFICERS AND DIRECTORS

TITLE	<i>PRES</i>
NAME	<i>WAYNE A. SPEAR</i>
STREET ADDRESS	<i>7500 NW 42 AVE RD</i>
CITY-ST-ZIP	<i>OCALA, FL 34482</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
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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 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: x *Wayne A Spear* *Wayne Spear* *4-19-04* *3523870137*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #