

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000059719**

1. Entity Name  
**LIBERTY TITLE COMPANY**



Principal Place of Business  
**655 W. MORSE BLVD.  
SUITE 112  
WINTER PARK, FL 32789 US**

Mailing Address  
**655 W. MORSE BLVD.  
SUITE 112  
WINTER PARK, FL 32789 US**



01172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3202576</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**BUTLER, C. VICTOR, JR.  
3185 S. CONWAY ROAD STE E  
ORLANDO, FL 32812**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	COB
NAME	BUTLER, C. VICTOR JR.
STREET ADDRESS	3185 S. CONWAY RD. STE E
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	P
NAME	HAMMONS, DEBORAH L
STREET ADDRESS	655 W. MORSE BLVD., SUITE 112
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	ST
NAME	SAMUELS, DIANE R
STREET ADDRESS	994 DOUGLAS AVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/21/08-80133-008 288.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Deborah L. Hammons*  
**Deborah L. Hammons**

Date

Daytime Phone #

*4/25/08* **407-629-5533**