

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000007516

1. Entity Name
LIBERTY DUPLEXES, INC.



Principal Place of Business
**10145 BULL HEADLEY ROAD
TALLAHASSEE, FL 32312**

Mailing Address
**10145 BULL HEADLEY ROAD
TALLAHASSEE, FL 32312 US**



07012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3224376

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUKE, SHERRI
10145 BULL HEADLEY ROAD
TALLAHASSEE, FL 32312**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**000000371547
07/08/05-80007-006 150.00**

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SHAW, LEANDER J JR
STREET ADDRESS	10145 BULL HEADLEY ROAD
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	PTD
NAME	SHAW, LEANDER J. J
STREET ADDRESS	10145 BULL HEADLEY RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	MOHAN, SUGRIM
STREET ADDRESS	18 MCPHILLIPS AVE., MARKHAM
CITY-ST-ZIP	ONTARIO L3P 1C3 CANADA,
TITLE	D
NAME	MOHAN, BARBARA
STREET ADDRESS	18 MCPHILLIPS AVE., MARKHAM
CITY-ST-ZIP	ONTARIO L3P 1C3 CANADA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

7-1-05 850-668-7679

Date

Daytime Phone #