

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

FILED

2006 JUL -7 AM 11:25

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



07062006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3224376

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**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**

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07/12/06--01065--007 \*\*150.00

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

Date

Daytime Phone #