

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 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**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3224376	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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	

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02/14/07-80082-006 150.00

**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:

Sherris S. Luke **Sherris S. Luke**

2/7/06

Date Daytime Phone #