


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90024 021 ***150.00

DOCUMENT # P96000079823	
1. Entity Name CALHOUN-LIBERTY ABSTRACT COMPANY	

Principal Place of Business 20755 S.E. CENTRAL AVE. E BLOUNTSTOWN, FL 32424	Mailing Address 20755 S.E. CENTRAL AVE. E BLOUNTSTOWN, FL 32424
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40058030



2. Principal Place of Business - No P.O. Box # 19452 SR 20 WEST Suite, Apt. #, etc. Suite A City & State BLOUNTSTOWN, FL Zip 32424 Country US	3. Mailing Address 19452 SR 20 WEST Suite, Apt. #, etc. Suite A City & State BLOUNTSTOWN, FL Zip 32424 Country US
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02012008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3401818	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 HOWELL, RAY 20755 S.E. CENTRAL AVE. E. BLOUNTSTOWN, FL 32424	7. Name and Address of New Registered Agent Name RAY HOWELL Street Address (P.O. Box Number is Not Acceptable) 19452 SR 20 WEST BLOUNTSTOWN, FL. City BLOUNTSTOWN, FL FL Zip Code 32424
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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 Ray Howell DATE 2/1/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWELL, RAY 20755 S.E. CENTRAL AVE. E. BLOUNTSTOWN, FL 32424 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ray Howell 19452 SR 20 WEST BLOUNTSTOWN, FL 32424 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Ray Howell DATE 2/1/08 DAYTIME PHONE # 850-674-8311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR