


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90347 036 ***150.00

DOCUMENT # P97000052062			
1. Entity Name LIBERTY WEST TOWN, INC.			
Principal Place of Business 310 WEST CENTRAL PARKWAY SUITE 7000 ALTAMONTE SPRINGS, FL 32714		Mailing Address 310 WEST CENTRAL PARKWAY SUITE 7000 ALTAMONTE SPRINGS, FL 32714	
2. Principal Place of Business 2200 LUCIEN WAY, STE 410 MAITLAND FL 32751		3. Mailing Address 2200 LUCIEN WAY, STE 410 MAITLAND FL 32751	
Zip		Country	
4282006		Chg-P	
4. FEI Number 59-3451715		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIKKELSON, W M 310 WEST CENTRAL PARKWAY SUITE 7000 ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Name 2200 LUCIEN WAY, STE 410 (acceptable) MAITLAND FL 32751 City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MIKKELSON, W M 310 WEST CENTRAL PARKWAY SUITE 7000 ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2200 LUCIEN WAY, STE 410 MAITLAND FL 32751 <input 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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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
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: <i>Wm. Michael Mikkelsen</i>		Date: 4/28/06	Daytime Phone #: 407 774 8818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

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