

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000109109

1. Entity Name
LIBERATOR CORP.



Principal Place of Business

3233 SE MARICAMP RD
SUITE 601
OCALA, FL 34471

Mailing Address

P.O. BOX 1476
OCALA, FL 34478-1476

FILED
Mar 29, 2007 08:00 AM
Secretary of State



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3485273

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

LEEWARD, DIRK J
3233 SE MARICAMP RD
SUITE 601
OCALA, FL 34471

**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 \$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	PDT
NAME	LEEWARD, DIRK J
STREET ADDRESS	PO BOX 1476
CITY-ST-ZIP	OCALA, FL 344781476
TITLE	SVP
NAME	LEEWARD, JAMES K
STREET ADDRESS	1930 CLATTER BRIDGE RD
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000682760
04/05/07-80015-022 150.00

**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 line empowered.

SIGNATURE: *BY: [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07

Date

Daytime Phone #