

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90012 019 \*\*\*158.75

**DOCUMENT # P98000009220**



1. Entity Name

AMERICAN LIBERTY FUNDING, INC.

Principal Place of Business

550 N RED STREET, SUITE 300  
TAMPA FL 33609  
US

Mailing Address

550 N RED STREET, SUITE 300  
TAMPA FL 33609  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-3490193

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BURGESS, SANDRA J  
13235 CENTER AVENUE  
LARGO FL 33773

7. Name and Address of New Registered Agent

Name  
PHILIP TAGLIARINI

Street Address (P.O. Box Number is Not Acceptable)

7138 SILVERMILL DR

City  
TAMPA

FL

Zip Code  
33635

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, 2004, Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VPST ☐ Delete  
NAME BURGESS, SANDRA J  
STREET ADDRESS 13235 CENTER AVENUE  
CITY-ST-ZIP LARGO FL 33773

TITLE VP ☐ Delete  
NAME MOREJON, DANIELIS  
STREET ADDRESS 6424 AMUNDSON ST  
CITY-ST-ZIP TAMPA FL 33634

TITLE P ☐ Delete  
NAME TAGLIARINI, PHILIP  
STREET ADDRESS 7138 SILVERMILL DR  
CITY-ST-ZIP TAMPA FL 33635

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

2-17-04

Date

Daytime Phone #