

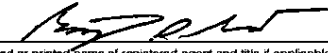
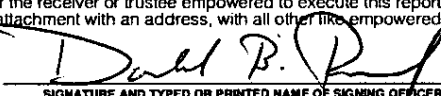


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000054746 1. Entity Name LIBERTY WILDERNESS LAND & DEVELOPMENT, INC.						<div style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">FILED</div> <div style="font-size: 1.2em; font-weight: bold;">04 APR 30 AM 8:39</div> <div style="font-size: 1.1em; font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business HWY 65 SOUTH BRISTOL, FL 32321				Mailing Address P O BOX 68 BRISTOL, FL 32321			
2. Principal Place of Business		3. Mailing Address		04282004 Chg-P CR2E034 (10/03)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3523064		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
READ, BENJIMAN D 519 MEADOW RIDGE CT TALLAHASSEE, FL 32312				Name Benjiman D. Read Street Address (P.O. Box Number is Not Acceptable) 1232 Stonehurst Way City Tallahassee FL Zip Code 32312			
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 4/27/04			
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, 2004 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	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	READ, DONALD B			NAME			
STREET ADDRESS	P.O. BOX 68			STREET ADDRESS			
CITY-ST-ZIP	BRISTOL, FL 32321			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHIVER, JIMMY			NAME			
STREET ADDRESS	504 NEW HOME CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	MARIANNA, FL 32446			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STOUTAMIRE, WILLIAM F			NAME			
STREET ADDRESS	P.O. BOX 360			STREET ADDRESS			
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424			CITY-ST-ZIP			
TITLE	DTS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	READ, TAMMY S			NAME			
STREET ADDRESS	P.O. BOX 68			STREET ADDRESS			
CITY-ST-ZIP	BRISTOL, FL 32321			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: 				Date 4/27/04 Daytime Phone # 850-643-1070			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							