

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000067886

1. Entity Name  
LIBERTY EAU GALLIE, INC.



Principal Place of Business  
310 W CENTRAL PARKWAY, SUITE 7000  
ALTAMONTE SPRINGS, FL 32714

Mailing Address  
310 W CENTRAL PARKWAY, SUITE 7000  
ALTAMONTE SPRINGS, FL 32714

FILED  
04 FEB 12 AM 9:00  
TALLAHASSEE, FLORIDA



01132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3525434

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MIKKELSON, W MICHAEL  
310 W CENTRAL PARKWAY, SUITE 7000  
ALTAMONTE SPRINGS, FL 32714

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                                   |
|----------------|-----------------------------------|
| TITLE          | V                                 |
| NAME           | PELSKI, BRIAN A                   |
| STREET ADDRESS | 310 W CENTRAL PARKWAY, SUITE 7000 |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS, FL 32714       |
| TITLE          |                                   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |
| TITLE          |                                   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |
| TITLE          |                                   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |
| TITLE          |                                   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |

900029937169  
03/05/04--01012--011 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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

1-27-04  
Date

407-74-8818  
Daytime Phone #