

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90347 043 ***150.00

DOCUMENT # P98000067886

1. Entity Name
LIBERTY EAU GALLIE, INC.



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



2. Principal Place of Business 3. Mailing Address
2200 LUCIEN WAY, STE 410 **2200 LUCIEN WAY, STE 410**
MAITLAND FL 32751 **MAITLAND FL 32751**

04282006 Chg-P CR2E034 (11/05)

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

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 _____
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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MIKKELSON, MICHAEL WM**
CITY-ST-ZIP **310 W CENTRAL PKWAY, STE 7000**
ALTAMONTE SPRINGS, FL 32714

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **2200 LUCIEN WAY, STE 410**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **2200 LUCIEN WAY, STE 410**
CITY-ST-ZIP **MAITLAND FL 32751**

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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 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: *Wm. Michael Mikkelsen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 *407-774-8818*
Date Daytime Phone #