


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90347 028 ***150.00

DOCUMENT # P99000003604

1. Entity Name
 LIBERTY HYDE PARK, INC.



Principal Place of Business
~~310 W. CENTRAL PKWY., STE. 7000~~
~~ALTAMONTE SPRINGS, FL 32714~~

Mailing Address
~~310 W. CENTRAL PKWY., STE. 7000~~
~~ALTAMONTE SPRINGS, FL 32714~~

40073090



2. Principal Place of Business
 2200 LUCIEN WAY, STE 410
 MAITLAND FL 32751

3. Mailing Address
 2200 LUCIEN WAY, STE 410
 MAITLAND FL 32751

04282006 Chg-P CR2E034 (11/05)

4. FEI Number
 59-3551336

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MIKKELSON, W. MICHAEL 310 W. CENTRAL PKWY., STE. 7000 ALTAMONTE SPRINGS, FL 32714				Name 2200 LUCIEN WAY, STE 410 (acceptable) MAITLAND FL 32751			
City				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIKKELSON, W. MICHAEL			NAME	2200 LUCIEN WAY, STE 410		
STREET ADDRESS	310 W. CENTRAL PKWY., STE. 7000			STREET ADDRESS	MAITLAND FL 32751		
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714			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			
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 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 Mickelson 407 412220 407 774 8818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #