


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000043822 1. Entity Name LIBERTY VILLAGE DEVELOPMENT COMPANY, INC.	
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Principal Place of Business 255 S ORANGE AVE, SUITE 800 ORLANDO, FL 32801	Mailing Address P.O. BOX 533116 ORLANDO, FL 32853
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04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3592924	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MACKINNON, ALEXANDER C 255 S ORANGE AVE, SUITE 800 ORLANDO, FL 32801

**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 _____ (NOTE: Registered Agent signature required when rechartering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MACKINNON, ALEXANDER C 255 S ORANGE AVE, SUITE 800 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HOUSHANG, SABETI 132 E COLONIAL DR #206 ORLANDO, FL 32801
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04/18/05-80008-005 150.00

**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)(f), 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: *Heath S. Leach* 4/14/05 (407) 699-0988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #