


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P99000069561</b><br>1. Entity Name<br>LIBERTY ESTATES, INC. |  |
|---|---|

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|--|--|
| Principal Place of Business<br>7704 NW MLK ROAD<br>HI-WAY C-270 NORTH<br>BRISTOL, FL 32321 | Mailing Address<br>7704 NW MLK ROAD<br>HI-WAY C-270 NORTH<br>BRISTOL, FL 32321 |
|--|--|



01092006 No Chg-P CR2E034 (11/05)

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|   |                               |
|---|-------------------------------|
| 4. FEI Number<br>59-3591499   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>HATCHER, JIMMY<br>HWY C-270 NORTH, SWEETWATER COMMUNITY<br>7704 NW MLK ROAD<br>BRISTOL, FL 32321 |
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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                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>HATCHER, JIMMY<br>HWY C-270 N. SWEETWATER COMMUNITY RT 2 54<br>BRISTOL, FL 32321 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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05/17/06-80093-023 150.00

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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:** *Jimmy Hatcher* **Jimmy Hatcher** 4-21-06 (850) 643-2655  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
*President & Director*