

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90012 036 ***150.00

DOCUMENT # P99000108604

1. Entity Name
LIBERTY OLDSMAR, 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**

11010000



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3613463

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MIKKELSON, W. MICHAEL
310 W. CENTRAL PKWY., STE. 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 PKWY., STE. 7000
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	PRESIDENT
NAME	MIKKELSON, W. MICHAEL
STREET ADDRESS	310 W. CENTRAL PKWY, STE. 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	

**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

Date

Daytime Phone #

1-27-04 407-774-8818