


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90040 027 ***150.00

DOCUMENT # P03000049889

1. Entity Name
KATHLEEN A. LIEBERMAN, P.A.



Principal Place of Business Mailing Address

**9225 BAY PLAZA BLVD.
 SUITE #405
 TAMPA, FL 33619** **9225 BAY PLAZA BLVD.
 SUITE #405
 TAMPA, FL 33619 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

10445 GIBSONTON DR. **122 SHELL FALLS DR**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

RIVERVIEW, FL **APOLLO BEACH, FL**

Zip Country Zip Country

33669 HILLSBOROUGH **33572 HILLSBOROUGH**

6. Name and Address of Current Registered Agent

**LASMAN, JEFFREY M
 LASMAN LAW FIRM, P.A.
 115 PROVIDENCE RD.
 BRANDON, FL 33511**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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: *Jeffrey M. Lasman* DATE: **4/30/07**

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, 2007 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	PTD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LIEBERMAN, KATHLEEN A		NAME	10445 GIBSONTON DRIVE			
STREET ADDRESS	9225 BAY PLAZA BLVD. - SUITE #405		STREET ADDRESS	RIVERVIEW, FL 33569			
CITY-ST-ZIP	TAMPA, FL 33619		CITY-ST-ZIP				
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LIEBERMAN, STEVEN S		NAME	10445 GIBSONTON DRIVE			
STREET ADDRESS	9225 BAY PLAZA BLVD. - SUITE #405		STREET ADDRESS	RIVERVIEW, FL 33569			
CITY-ST-ZIP	TAMPA, FL 33619		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: *Kathleen A. Lieberman* DATE: **4/30/07** DAYTIME PHONE: **813-643-9935**

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

