

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000005528

**Entity Name:** RELIABLE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

306 W. INTERLAKE BLVD  
LAKE PLACID, FL 33852

**Current Mailing Address:**

PO BOX 1769  
LAKE PLACID, FL 33862 US

**FEI Number:** 59-3159917

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MORIARITY, ROBERT  
306 W. INTERLAKE BLVD  
LAKE PLACID, FL 33852 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name MORIARITY, ROBERT  
Address 264 THURMAN AVENUE  
City-State-Zip: LAKE PLACID FL 33852

Title DVST  
Name MORIARITY, BARBARA K  
Address 341 CHICAGO WAY N.E.  
City-State-Zip: LAKE PLACID FL 33852

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BARBARA K MORIARITY

**SECRETARY**

**02/24/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date