

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 220531

1. Entity Name

LIBERTY AMERICAN INSURANCE AGENCY, INC.



Principal Place of Business

7785 66TH ST N
PO BOX 8080
PINELLAS PARK, FL 33780-8080 US

Mailing Address

7785 66TH ST N
PO BOX 8080
PINELLAS PARK, FL 33780-8080 US



03182004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-0859732

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

ELDRIDGE, P. DANIEL
7785 66TH ST NORTH
PINELLAS PARK, FL 33781-3113

**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

000000097937
03/29/04-80021-001 150.00

10. OFFICERS AND DIRECTORS

TITLE DTV
NAME MEYER, BRUCE
STREET ADDRESS 506 BROOKTREE CT
CITY-ST-ZIP LUTZ, FL 33548

TITLE DVS
NAME KELLER, CRAIG P
STREET ADDRESS 29 WOODCRAFT ROAD
CITY-ST-ZIP HAVERTOWN, PA 19083

TITLE DP
NAME ELDRIDGE, P. DANIEL
STREET ADDRESS 1540 GULF BLVD. # 202
CITY-ST-ZIP CLEARWATER, FL 33767

TITLE C
NAME MAGUIRE, JAMES J JR
STREET ADDRESS 215 DRESHERTOWN ROAD
CITY-ST-ZIP FORT WASHINGTON, PA 19034

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:

Treas. T. Bruce Meyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04

727-546-8911
Date Daytime Phone #