

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90053 003 ***150.00

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**

40073574



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312008 Chg:P CR2E034 (12/06)

4. FEI Number
59-0859732

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEYER, BRUCE T
7785 66TH ST N
PINELLAS PARK, FL 33781-3113**

Name
Meyer, T. Bruce

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

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, 2008 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
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
MEYER, BRUCE
506 BROOKTREE CT
LUTZ, FL 33548**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Meyer, T. Bruce

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DVST
KELLER, CRAIG P
29 WOODCRAFT ROAD
HAVERTOWN, PA 19083**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DP
ELDRIDGE, P. DANIEL
1540 GULF BLVD. # 202
CLEARWATER, FL 33767**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**CDV
MAGUIRE, JAMES J JR
215 DRESHERTOWN ROAD
FORT WASHINGTON, PA 19034**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DV
MEYER, KENNETH A
2944 BAY MEADOW CT
SAINT PETERSBURG, FL 33731**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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.

T. Bruce Meyer

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-08 1-727-546-8911

Date Daytime Phone #