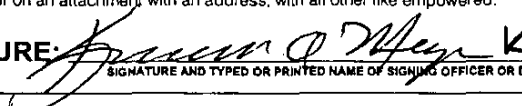


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90108 032 ***150.00

DOCUMENT # 281416					
1. Entity Name LIBERTY AMERICAN INSURANCE SERVICES, 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04242007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-1059110	
				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		
BRUCE, MEYER T 7785 66TH ST NORTH PINELLAS PARK, FL 33781-3113			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 NAME STREET ADDRESS CITY-ST-ZIP	PD MEYER, BRUCE T 506 BROOKTREE CT LUTZ, FL 33548 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	C MAGUIRE, JAMES JR 215 DRESHERTOWN RD FORT WASHINGTON, PA 19034 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDV ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MEYER, KENNETH A 2944 BAY MEADOW CT. CLEARWATER, FL 33731 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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.					
SIGNATURE:  KENNETH A. MEYER 4/25/07 727-546-8911					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					