
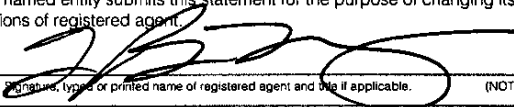



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90112 014 \*\*\*150.00

<b>DOCUMENT # H85190</b> 1. Entity Name <b>LIBERTY AMERICAN PREMIUM FINANCE COMPANY</b>					
Principal Place of Business <b>7785 66TH ST N. P.O. BOX 8080 PINELLAS PARK, FL 33780-8080 US</b>			Mailing Address <b>7785 66TH ST N. P.O. BOX 8080 PINELLAS PARK, FL 33780-8080 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2701288</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ELDRIDGE, P. DANIEL 7785 66 TH STREET NORTH PINELLAS PARK, FL 33781</b>				Name <b>MEYER, T. BRUCE</b> Street Address (P.O. Box Number is Not Acceptable) <b>7785 66TH STREET NORTH</b> City <b>PINELLAS PARK</b>	
				FL Zip Code <b>33781-3113</b>	
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  DATE <b>4-18-06</b> <small>(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>MAGUIRE, JAMES J</b> <b>215 DRESHERTOWN ROAD</b> <b>FORT WASHINGTON, PA 19034</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ELDRIDGE, P. DANIEL</b> <b>1540 GULF BLVD #202</b> <b>CLEARWATER, FL 33767</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <b>KELLER, CRAIG P</b> <b>29 WOODCROFT ROAD</b> <b>HAVERTOWN, PA 19083</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DTV</b> <b>MEYER, T. BRUCE</b> <b>506 BROOKTREE COURT</b> <b>LUTZ, FL 33549</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>SADLER, CHARLES B</b> <b>11722 WALKER AVE</b> <b>SEMINOLE, FL 33772</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MEYER, KENNETH A.</b> <b>2944 BAY MEADOW CT.</b> <b>CLEARWATER, FL 33731</b>	
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:  <b>PRES.</b> <b>4-18-06</b> <b>727-546-8911</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					