

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90011 008 \*\*\*150.00

**DOCUMENT # P00000022866**

1. Entity Name  
**NEW AMERICA MANAGING GENERAL AGENCY, INC.**



Principal Place of Business  
**101 FEDERAL PL, SUITE 201  
TARPON SPRINGS, FL 34689**

Mailing Address  
**101 FEDERAL PL, SUITE 201  
TARPON SPRINGS, FL 34689**

**54022011**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**59-3631819**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HUNNARD, HYLAN T  
101 FEDERAL PL, SUITE 201  
TARPON SPRINGS, FL 34689**

7. Name and Address of New Registered Agent

Name **Hubbard, Hylan T.**  
Street Address (P.O. Box Number is Not Acceptable)  
**101 Federal Place, Suite 201**  
City **Tarpon Springs** FL Zip Code **34689**

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]*  
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

10. OFFICERS AND DIRECTORS

TITLE NAME	D WILLIS, ROBERT M ESQ.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	101 FEDERAL PL, SUITE 201	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE NAME	CEOD HUBBARD, HYLAN T III	<input type="checkbox"/> Delete
STREET ADDRESS	101 FEDERAL PLACE, STE 201	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE NAME	SD JACKSON, JASPER J	<input type="checkbox"/> Delete
STREET ADDRESS	499 STEWART AVE	
CITY-ST-ZIP	BETHPAGE, NY 11714	
TITLE NAME	D WALLACH, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	999 STEWART AVE	
CITY-ST-ZIP	BETHPAGE, NY 11714	
TITLE NAME	D NEZAMOODEEN, PHILBERT	<input type="checkbox"/> Delete
STREET ADDRESS	999 STEWART AVE	
CITY-ST-ZIP	BETHPAGE, NY 11714	
TITLE NAME	P REID, PEGGY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	101 FEDERAL PLACE, STE 201	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/23/04**

Date

**727-934-2947**

Daytime Phone #