

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90098 024 ***150.00

DOCUMENT # P03000024574

1. Entity Name
POLICY MANAGERS OF AMERICA, INC.



Principal Place of Business
**375 COMMERCE PARKWAY
ROCKLEDGE, FL 32955 US**

Mailing Address
**375 COMMERCE PARKWAY
ROCKLEDGE, FL 32955 US**

40014803



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

3. Mailing Address
P.O. Box 560697

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.

01222007 Chg-P CR2E034 (12/06)

City & State
Cocoa, Florida

City & State
Rockledge, Florida

4. FEI Number
59-3771348

Applied For
Not Applicable

Zip Country
32922 Brevard

Zip Country
32956-0697 Brevard

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

6. Name and Address of Current Registered Agent

**MENYHART, ANDREW W P A
160 MCLEOD STREET
MERRITT ISLAND, FL 32953**

7. Name and Address of New Registered Agent

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

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, 2007 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
STREET ADDRESS
CITY-ST-ZIP
**PD
LONG, DONALD J
317 RIVEREDGE BOULEVARD
COCOA, FL 32922** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
FOLEY, PATRICK J
317 RIVEREDGE BOULEVARD
COCOA, FL 32922** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/07

Date

(321) 433-8228

Daytime Phone #