

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # P03000024574

1. Entity Name
POLICY MANAGERS OF AMERICA, INC.



Principal Place of Business
**317 RIVEREDGE BLVD
SUITE 200
COCOA, FL 32922 US**

Mailing Address
**PO BOX 560697
ROCKLEDGE, FL 32956-0697 US**



01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3771348

Applied For
Not Applicable

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing: ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

**U000000905101
05/01/08-80039-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONG, DONALD J 317 RIVEREDGE BOULEVARD COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOLEY, PATRICK J 317 RIVEREDGE BOULEVARD COCOA, FL 32922
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IN THIS SPACE**

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

2-5-2008

Date

Daytime Phone #