

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90016 025 \*\*\*150.00

**DOCUMENT # P03000040540**

1. Entity Name  
LIBERTY INSURANCE AGENCY, INC.



Principal Place of Business  
12701 S JOHN YOUNG PKWY STE 214  
ORLANDO, FL 32837

Mailing Address  
12701 S JOHN YOUNG PKWY STE 214  
ORLANDO, FL 32837

40045502



**DO NOT WRITE IN THIS SPACE**

04042006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-1181394

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

AVELLAN, JAMIE  
12701 S JOHN YOUNG PKWY STE 214  
ORLANDO, FL 32837

**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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-04-06

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	AVELLAN, JAMIE
STREET ADDRESS	12701 S JOHN YOUNG PKWY STE 214
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	V
NAME	AVELLAN, JULIA
STREET ADDRESS	12701 S JOHN YOUNG PKWY STE 214
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jamie Avellan 04-04-06 (407) 856-2530