
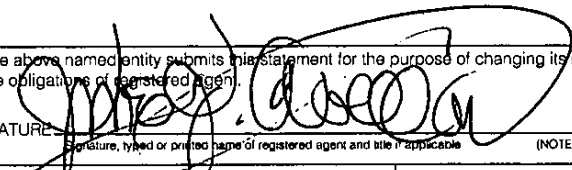
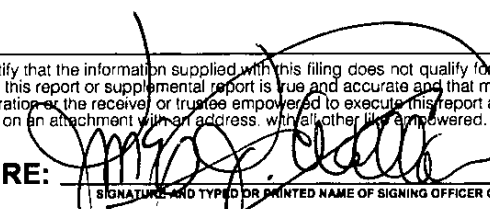


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000040540</b>		
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
<b>DO NOT WRITE IN THIS SPACE</b>		
		03202007 No Chg-P CR2E034 (11/05)
4. FEI Number 65-1181394		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
AVELLAN, JAMIE 12701 S JOHN YOUNG PKWY STE 214 ORLANDO, FL 32837		<b>DO NOT WRITE IN THIS SPACE</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 		03-20-2007
SIGNATURE, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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		
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: 		03-20-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #