

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000040540

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** LIBERTY INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

12701 S JOHN YOUNG PKWY STE 214  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

12701 S JOHN YOUNG PKWY STE 214  
ORLANDO, FL 32837

**New Mailing Address:**

**FEI Number:** 65-1181394

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

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.

SIGNATURE: JAIME J AVELLAN

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: AVELLAN, JAMIE  
Address: 12701 S JOHN YOUNG PKWY STE 214  
City-St-Zip: ORLANDO, FL 32837

Title: V  
Name: AVELLAN, JULIA  
Address: 12701 S JOHN YOUNG PKWY STE 214  
City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAIME AVELLAN

CEO

04/28/2011

Electronic Signature of Signing Officer or Director

Date