

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90165 036 ***158.75

DOCUMENT # P09937

1. Entity Name
MANAGING GENERAL AGENTS, INC.



Principal Place of Business
**270 WALKER DRIVE
STATE COLLEGE, PA 16801**

Mailing Address
**270 WALKER DRIVE
STATE COLLEGE, PA 16801**

14003310



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

25-1372168

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCNICHOL, ROBERT E. JR.
5909 A BRECKENRIDGE PARKWAY
TAMPA, FL 33610**

Name

Kathryn M. Deloach

Street Address (P.O. Box Number is Not Acceptable)

838 S. Florida Ave

Suite 3B

City

Lakeland

FL

Zip Code

33801

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

Kathryn M. Deloach

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

(NOTE: Registered Agent signature required when reinstating)

4/25/05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MICNICHOL, ROBERT E JR
STREET ADDRESS 5909-A BRECKEN RIDGE PARKWAY
CITY-ST-ZIP TAMPA, FL 33610

TITLE ☒ Change ☐ Addition
NAME McNichol, Robert E JR
STREET ADDRESS 270 Walker Drive
CITY-ST-ZIP State College PA 16801

TITLE TD ☐ Delete
NAME DARE, EDWARD K III
STREET ADDRESS 270 WALKER DRIVE
CITY-ST-ZIP STATE COLLEGE, PA 16801

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

TITLE DS ☒ Delete
NAME ERICOON, THOMAS J
STREET ADDRESS 270 WALKER DRIVE
CITY-ST-ZIP STATE COLLEGE, PA 16801

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Secretary
STREET ADDRESS Kimberli J. Fleck
CITY-ST-ZIP 270 Walker Drive
State College PA 16801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Treasurer
STREET ADDRESS David Van Buskirk
CITY-ST-ZIP 270 Walker Drive
State College PA 16801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

22 Apr 05

Date

814 231-2275

Daytime Phone #