2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P09937

1. Entity Name
MANAGING GENERAL AGENTS, INC.

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

DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
25-1372168

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DELOACH, KATHRYN M
902 S. FLORIDA AVE
SUITE 105B
LAKELAND, FL 33803

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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, typed or printed name of registered agent and title if applicable. (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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MICNICHOL, ROBERT E JR
STREET ADDRESS	270 WALKER DRIVE
CITY-ST-ZIP	STATE COLLEGE, PA 16801
TITLE	VPD
NAME	DARE, EDWARD K III
STREET ADDRESS	270 WALKER DRIVE
CITY-ST-ZIP	STATE COLLEGE, PA 16801
TITLE	SEC
NAME	FLECK, KIMBERLI J
STREET ADDRESS	270 WALKER DR
CITY-ST-ZIP	STATE COLLEGE, PA 16801
TITLE	TRES
NAME	VAN BUSKIRK, DAVID A
STREET ADDRESS	270 WALKER DRIVE
CITY-ST-ZIP	STATE COLLEGE, PA 16801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/13/08-80043-019 158.75

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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] DAVID A. VAN BUSKIRK TREASURER 28 JAN 08 814-231-2275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #