

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90023 029 ***150.00

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1. Entity Name

RELIABLE INSURANCE AGENCY, INC.



Principal Place of Business

**25 PARK DRIVE
LAKE PLACID FL 33852
US**

Mailing Address

**PO BOX 1769
LAKE PLACID FL 33862
US**

2. Principal Place of Business

306 W. INTERLAKE Blvd
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3159917

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

MORIARITY, CHARLES E
25 PARK DRIVE
LAKE PLACID FL 33852

306 W. INTERLAKE Blvd

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MORIARITY, CHARLES E**
STREET ADDRESS **341 CHICAGO WAY, N.E.**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **VP** ☐ Delete
NAME **MORIARITY, BARBARA K**
STREET ADDRESS **341 CHICAGO WAY N.E.**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE **T** ☐ Delete
NAME **MORIARITY, ROBERT**
STREET ADDRESS **264 JACKSON AVE N.E.**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **264 THURMAN AVE.**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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:

Barbara K. Moriarity

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-05

Date

863-465-0522

Daytime Phone #