

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90181 036 \*\*\*150.00

**DOCUMENT # P93000005528**

1. Entity Name  
**RELIABLE INSURANCE AGENCY, INC.**



Principal Place of Business  
306 W. INTERLAKE BLVD  
LAKE PLACID, FL 33852 US

Mailing Address  
PO BOX 1769  
LAKE PLACID, FL 33862 US

40067731



03092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number 59-3159917		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MORIARITY, CHARLES E 306 W. INTERLAKE BLVD LAKE PLACID, FL 33852		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORIARITY, CHARLES E 341 CHICAGO WAY, N.E. LAKE PLACID, FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Moriarity, Charles E. 341 Chicago Way NE Lake Placid, FL 33852 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORIARITY, BARBARA K 341 CHICAGO WAY N.E. LAKE PLACID, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Moriarity, Barbara K. 341 Chicago Way NE Lake Placid, FL 33852 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORIARITY, ROBERT 264 THURMAN AVE LAKE PLACID, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Moriarity, Robert 264 Thurman Avenue Lake Placid, FL 33852 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Barbara K. Moriarity BARBARA K MORIARITY 4-09-07 863-465-0522  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #