

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90062 047 \*\*\*150.00

<b>DOCUMENT # P93000005528</b>					
<b>1. Entity Name</b> RELIABLE INSURANCE AGENCY, INC.					
<b>Principal Place of Business</b> 306 W. INTERLAKE BLVD LAKE PLACID, FL 33852    US			<b>Mailing Address</b> PO BOX 1769 LAKE PLACID, FL 33862    US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3159917	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
MORIARITY, CHARLES E 306 W. INTERLAKE BLVD LAKE PLACID, FL 33852				Name <b>ROBERT MORIARITY</b> Street Address (P.O. Box Number is Not Acceptable) 306 W. Interlake Blvd. City <b>Lake Placid</b> <b>FL</b> Zip Code <b>33852</b>	
<b>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.</b>					
SIGNATURE <i>Robert Moriarity</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		President		DATE <i>03/05/08</i>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MORIARITY, CHARLES E 341 CHICAGO WAY, N.E. LAKE PLACID, FL 33852	<input checked="" 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	DVP MORIARITY, BARBARA K 341 CHICAGO WAY N.E. LAKE PLACID, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST Moriarity, Barbara K. 341 Chicago Way N.E. Lake Placid, FL 33852	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MORIARITY, ROBERT 264 THURMAN AVE LAKE PLACID, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Moriarity, Robert 264 Thurman Avenue Lake Placid, FL 33852	
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	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Barbara K. Moriarity</i> / <i>Barbara K. MORIARITY</i>			DATE <i>03/05/08</i> Daytime Phone # <i>863-465-0522</i>		