

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000005528

FILED
Mar 10, 2012
Secretary of State

Entity Name: RELIABLE INSURANCE AGENCY, INC.

Current Principal Place of Business:

306 W. INTERLAKE BLVD
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1769
LAKE PLACID, FL 33862 US

New Mailing Address:

FEI Number: 59-3159917 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MORIARITY, ROBERT
306 W. INTERLAKE BLVD
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: MORIARITY, ROBERT
Address: 264 THURMAN AVENUE
City-St-Zip: LAKE PLACID, FL 33852 US

Title: DVST
Name: MORIARITY, BARBARA K
Address: 341 CHICAGO WAY N.E.
City-St-Zip: LAKE PLACID, FL 33852 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT MORIARITY

PRES

03/10/2012

Electronic Signature of Signing Officer or Director

Date