

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000060511

FILED
Jul 01, 2005
Secretary of State

Entity Name: LIBERTY INSURANCE BROKERAGE, INC.

Current Principal Place of Business:

140 N. ORLANDO AVE
STE 150-23
WINTER PARK, FL 327893680 US

New Principal Place of Business:

2607 EDGEWATER DRIVE
#320
ORLANDO, FL 32804 US

Current Mailing Address:

103 FOX VALLEY
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3329679 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORIS C LOCKS INC
103 FOX VALLEY CT
LONGWOOD, FL 32779 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GALESKI, EDWARD W
Address: 140 N. ORLANDO AVE STE 150-23
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GALESKI, EDWARD W
Address: 2607 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32804

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: EDWARD W. GALESKI

P

07/01/2005

Electronic Signature of Signing Officer or Director

_____ Date