2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State
02-12-2004 90013 020 ***150.00

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1. Entity Name
WRL INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
570 CARILLON PARKWAY ST. PETERSBURG, FL 33716-1202	570 CARILLON PARKWAY ST. PETERSBURG, FL 33716-1202

02052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 42-1517005 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. * (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD MORIARTY, THOMAS R 570 CARILLON PARKWAY ST. PETERSBURG, FL 337161202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FRANKLYN J. WOLLETT 570 CARILLON PARKWAY ST. PETERSBURG, FL 33716-1202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS GEIGER, WILLIAM H 570 CARILLON PARKWAY ST. PETERSBURG, FL 337161202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS HARVEY KORFIN 2655 CAMINO DEL RIO N., STE 110 SAN DIEGO, CA 92108	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAHL, JEROME C 570 CARILLON PARKWAY ST. PETERSBURG, FL 337161202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT CUMMINGS, WILLIAM G 570 CARILLON PARKWAY ST. PETERSBURG, FL 337161202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AV ROGERS, DIANE E 570 CARILLON PARKWAY ST. PETERSBURG, FL 337161202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AV FORSTER, DOUGLAS R 570 CARILLON PARKWAY ST. PETERSBURG, FL 337161202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Franklyn J Wollett 2/6/04 (727)299-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #