2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000001972

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

01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1517005

☐ Applied For
☐ Not Applic.

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

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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 acc 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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORIARTY, THOMAS R
STREET ADDRESS	570 CARILLON PARKWAY
CITY-ST-ZIP	ST. PETERSBURG, FL 337161202
TITLE	AS
NAME	GEIGER, WILLIAM H
STREET ADDRESS	570 CARILLON PARKWAY
CITY-ST-ZIP	ST. PETERSBURG, FL 337161202
TITLE	SD
NAME	WOLLETT, FRANKLYN J
STREET ADDRESS	570 CARILLON PARKWAY
CITY-ST-ZIP	ST. PETERSBURG, FL 337161202
TITLE	VT & D
NAME	CUMMINGS, WILLIAM G
STREET ADDRESS	570 CARILLON PARKWAY
CITY-ST-ZIP	ST. PETERSBURG, FL 337161202
TITLE	AV
NAME	ROGERS, DIANE E
STREET ADDRESS	570 CARILLON PARKWAY
CITY-ST-ZIP	ST. PETERSBURG, FL 337161202
TITLE	AV
NAME	FORSTER, DOUGLAS R
STREET ADDRESS	570 CARILLON PARKWAY
CITY-ST-ZIP	ST. PETERSBURG, FL 337161202

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01/20/06-80029-024 150.00

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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 inform 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 dire 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Franklyn J. Wollett FRANKLYN J. WOLLETT 1/18/06 727-299-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #