


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2006 8:00 am
Secretary of State

05-31-2006 90008 024 ***150.00

DOCUMENT # 446615 1. Entity Name SAILES INSURANCE AGENCY, INC.			
Principal Place of Business 1610 8TH AVENUE WEST PALMETTO, FL 34221 US		Mailing Address 1610 8TH AVENUE WEST PALMETTO, FL 34221 US	
2. Principal Place of Business 1610 8th Ave. W. Suite, Apt. #, etc.		3. Mailing Address 1610 8th Ave. W. Suite, Apt. #, etc.	
City & State Palmetto, FL Zip 34221		City & State Palmetto, FL Zip 34221	
Country USA		Country USA	
4. FEI Number 59-1517129		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAILES, OSIE M. 1610 8TH AVE., WEST PALMETTO, FL 34221		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 SAILES, SEYMORE E., JR. 1003 31ST STREET EAST PALMETTO, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD SAILES, OSIE M. 1003 31ST STREET EAST PALMETTO, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, VANZETTA SAILES 1007 26TH STREET EAST PALMETTO, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUSTON, GLADYS SAILES 1408 26TH ST. CT. EAST PALMETTO, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" 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
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.			
SIGNATURE: Osie Mae Sailes - Osie Mae Sailes 5/26/06 (941) 722-5272 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

50019977



05222006 Chg-P CR2E034 (11/05)



ATTACHMENT

50019977

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2006

SAILES INSURANCE AGENCY, INC.
1610 8TH AVENUE WEST
PALMETTO, FL 34221 US

SUBJECT: SAILES INSURANCE AGENCY, INC.
Ref. Number: 446615

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

TO AVOID THE \$400.00-LATE-FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

TINA D CARTER
OPS

Letter Number: 006A00036045

* Enclosed you will find the completed Report for filing the ~~Annual~~ Annual Corporation, along with the original renewal ck number 13630 of 4/27/06. Please process.
O Sie MacDail's