2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 482173

Entity Name: STATE NO-FAULT INSURANCE AGENCY, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
1220 S. DIXIE HIGHWAY LAKE WORTH, FL 33460 US	

Current Mailing Address:	**New Mailing Address:**
1220 S. DIXIE HIGHWAY LAKE WORTH, FL 33460 US	

FEI Number: 59-1618978   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
DALY, FRANK P., III 4956 S.E. MARINER VILLAGE LANE STUART, FL 33460 US	DALY, FRANK P., III 4956 S.E. MARINER VILLAGE LANE STUART, FL 34997 US

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: FRANK P. DALY 111   04/04/2005
_____
Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P ( ) Delete
Name:	DALY, FRANK P., III,
Address:	4956 S.E. MARINER VILLAGE LANE
City-St-Zip:	STUART, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P (X) Change ( ) Addition
Name:	DALY, FRANK P., III,
Address:	4956 S.E. MARINER VILLAGE LANE
City-St-Zip:	STUART, FL 34997

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: FRANK P. DALY 111   P   04/04/2005
_____
Electronic Signature of Signing Officer or Director   Date