

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90041 003 \*\*\*150.00

**DOCUMENT # F04000005654**

1. Entity Name  
**ROYAL & SUNALLIANCE INSURANCE AGENCY, INC.**



Principal Place of Business  
**WALL STREET PLAZA  
88 PINE STREET, 17TH FLOOR  
NEW YORK, NY 10005**

Mailing Address  
**WALL STREET PLAZA  
88 PINE STREET, 17TH FLOOR  
NEW YORK, NY 10005**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262006

Chg-P

CR2E034 (11/05)

4. FEI Number

**11-3723330**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

## 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **D** ☐ Delete  
NAME **BROOME, DAVID**  
STREET ADDRESS **FUJIYA TEMPLE WAY, FARNHAM COMMON**  
CITY-ST-ZIP **BUCKS, ENGLAND SL2 3HE,**

TITLE **TD** ☐ Delete  
NAME **HENGSTELER, SHELLY J**  
STREET ADDRESS **6981 HAMPTON COURT**  
CITY-ST-ZIP **CASTLE ROCK, CO 80108**

TITLE **D** ☐ Delete  
NAME **LATHAM, ANTHONY P**  
STREET ADDRESS **WYNGATES PENNYMEAD DR/E. HURSLEY, SURREY**  
CITY-ST-ZIP **ENGLAND KT24 5AH,**

TITLE **VD** ☐ Delete  
NAME **MCMULLEN, ROBERT**  
STREET ADDRESS **742 TALL OAKS DRIVE**  
CITY-ST-ZIP **BRICK, NJ 08724**

TITLE **PD** ☐ Delete  
NAME **MONCUR, ALISON**  
STREET ADDRESS **45 WILRIDGE ROAD**  
CITY-ST-ZIP **WILTON, CT 06897**

TITLE **S** ☐ Delete  
NAME **PETTIGREW, LINDA Y**  
STREET ADDRESS **14210 RUDDY COURT**  
CITY-ST-ZIP **CHARLOTTE, NC 28273**

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition  
NAME **Jonathon Woodman**  
STREET ADDRESS **Little Marl Pit Pit Lane**  
CITY-ST-ZIP **Kent, England TN86BD**

TITLE **VD** ☐ Change ☒ Addition  
NAME **Kelvin Edwards**  
STREET ADDRESS **6805 Linkside Ct**  
CITY-ST-ZIP **Charlotte NC 28277**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Shelly Hengsteler* **Shelly Hengsteler** 1/26/06

**803 7236020**