

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000037209

FILED  
Jan 18, 2005  
Secretary of State

Entity Name: THE ROGER FAILLE AGENCY, INC.

## Current Principal Place of Business:

319 E. JOHN SIMS PARKWAY  
NICEVILLE, FL 32578

## New Principal Place of Business:

## Current Mailing Address:

319 E. JOHN SIMS PARKWAY  
NICEVILLE, FL 32578

## New Mailing Address:

FEI Number: 59-3640691

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FAILLE, ROGER R  
319 E. JOHN SIMS PARKWAY  
NICEVILLE, FL 32578 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FAILLE, ROGER R  
Address: 319 E. JOHN SIMS PARKWAY  
City-St-Zip: NICEVILLE, FL 32578

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V ( ) Change (X) Addition  
Name: FAILLE, VIRGINIA G  
Address: 1243 N. BAYSHORE DR.  
City-St-Zip: VALPARAISO, FL 32580

Title: S ( ) Change (X) Addition  
Name: FAILLE, FRANCES A  
Address: PO BOX 641  
City-St-Zip: NICEVILLE, FL 32588

Title: T ( ) Change (X) Addition  
Name: FAILLE, CHRISTOPHER R  
Address: PO BOX 641  
City-St-Zip: NICEVILLE, FL 32588

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: ROGER R. FAILLE

D

01/18/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date