

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000037209

FILED
Jan 16, 2006
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: V () Delete
Name: FAILLE, VIRGINIA G
Address: 1243 N. BAYSHORE DR.
City-St-Zip: VALPARAISO, FL 32580

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

PRES

01/16/2006

Electronic Signature of Signing Officer or Director

Date