

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079940

Entity Name: S A AGENCY, INC.

FILED  
Jan 06, 2009  
Secretary of State

## Current Principal Place of Business:

655 SOUTH MAIN STREET  
BELLE GLADE, FL 33430

## New Principal Place of Business:

## Current Mailing Address:

655 SOUTH MAIN STREET  
BELLE GLADE, FL 33430

## New Mailing Address:

FEI Number: 02-0688781

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPRAGUE, ALBERT W  
222 BEVERLY ROAD  
WEST PALM BEACH, FL 33405 US

## Name and Address of New Registered Agent:

ALCALA, SARAI C  
561 SE 5TH ST  
BELLE GLADE, FL 33430 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: SARAI C ALCALA

01/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LARIVIERE, BRIAN T  
Address: 655 SOUTH MAIN STREET  
City-St-Zip: BELLE GLADE, FL 33430

Title: STD ( ) Delete  
Name: SPRAGUE, ALBERT W  
Address: 655 SOUTH MAIN STREET  
City-St-Zip: BELLE GLADE, FL 33430

Title: VC ( ) Delete  
Name: ALCALA, SARAI  
Address: 561 SOUTHEAST 5TH STREET  
City-St-Zip: BELLE GLADE, FL 33430

## 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:

I hereby certify that the information supplied with this filing does not qualify 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: SARAI C ALCALA

VP

01/06/2009

Electronic Signature of Signing Officer or Director

Date