2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# P05000087913

Entity Name: THE SISTRUNK AGENCY, INC.

Current Principal Place of Business:

109 W LAKEVIEW STREET
LADY LAKES, FL 32158

New Principal Place of Business:

109 W LAKEVIEW STREET
LADY LAKE, FL 32158

Current Mailing Address:

109 W LAKEVIEW STREET
LADY LAKES, FL 32158

New Mailing Address:

PO BOX 760
LADY LAKE, FL 32158

FEI Number: 20-3032833 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SISTRUNK, ROBERT
109 W LAKEVIEW STREET
LADY LAKE, FL 32158 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: SISTRUNK, ROBERT A
Address: 628 SW 7TH AVE
City-St-Zip: WILLISTON, FL 32696

Title: D ( ) Delete
Name: SISTRUNK, CATRINA L
Address: 628 SW 7TH AVE
City-St-Zip: WILLISTON, FL 32696

Title: D ( ) Delete
Name: HOLCOMB, JEFFREY J
Address: 21050 NE 68TH LANE
City-St-Zip: WILLISTON, FL 32696

Title: D ( ) Delete
Name: HOLCOMB, KATHRYN L
Address: 21050 NE 68TH LANE
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SISTRUNK, ROBERT A
Address: 2790 NE 167TH AVENUE
City-St-Zip: WILLISTON, FL 32696

Title: D (X) Change ( ) Addition
Name: SISTRUNK, CATRINA L
Address: 2790 NE 167TH AVENUE
City-St-Zip: WILLISTON, FL 32696

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: KATHRYN L. HOLCOMB TREA 04/27/2006

Electronic Signature of Signing Officer or Director — Date