

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000087913

Entity Name: THE SISTRUNK AGENCY, INC.

FILED
Apr 29, 2007
Secretary of State

Current Principal Place of Business:

109 W LAKEVIEW STREET
LADY LAKE, FL 32158

New Principal Place of Business:

Current Mailing Address:

PO BOX 760
LADY LAKE, FL 32158

New Mailing Address:

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: 2790 NE 167TH AVENUE
City-St-Zip: WILLISTON, FL 32696

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

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

Title: D (X) 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: 6290 NE 184TH TERRACE
City-St-Zip: WILLISTON, FL 32696

Title: D (X) Change () Addition
Name: HOLCOMB, KATHRYN L
Address: 21050 NE 68TH LANE
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 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

D

04/29/2007

Electronic Signature of Signing Officer or Director

_____ Date