

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004283

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: BRAKKE-SCHAFNITZ INSURANCE BROKERS, INC.

**Current Principal Place of Business:**

28202 CABOT ROAD  
SUITE 500  
LAGUNA NIGUEL, CA 92677

**New Principal Place of Business:**

**Current Mailing Address:**

28202 CABOT ROAD  
SUITE 500  
LAGUNA NIGUEL, CA 92677

**New Mailing Address:**

6 CLEMENT AVENUE  
SARATOGA SPRINGS, NY 12866 US

FEI Number: 95-2704711

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HELLER, CHRISTOPHER T  
1970 OTTER WAY  
PALM HARBOR, FL 34865 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: CEOP ( ) Delete  
Name: BRAKKE, JAMES  
Address: 28202 CABOT ROAD, SUITE 500  
City-St-Zip: LAGUNA NIGUEL, CA 92677

Title: TCFO ( ) Delete  
Name: BRAKKE, JAMES  
Address: 28202 CABOT ROAD, SUITE 500  
City-St-Zip: LAGUNA NIGUEL, CA 92677

Title: SD ( ) Delete  
Name: SCHAFNITZ, MATTHEW  
Address: 28202 CABOT ROAD, SUITE 500  
City-St-Zip: LAGUNA NIGUEL, CA 92677

Title: SVPD ( ) Delete  
Name: MCCANN, TIMOTHY  
Address: 28202 CABOT ROAD, SUITE 500  
City-St-Zip: LAGUNA NIGUEL, CA 92677

Title: COO ( ) Delete  
Name: MCCANN, TIMOTHY  
Address: 28202 CABOT ROAD, SUITE 500  
City-St-Zip: LAGUNA NIGUEL, CA 92677

Title: V ( ) Delete  
Name: WILLIAMS, JOHN  
Address: 28202 CABOT ROAD, SUITE 500  
City-St-Zip: LAGUNA NIGUEL, CA 92677

**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:

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: GARY T. HARKER, ESQ.

AIFP

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date