

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004283

FILED  
Jan 12, 2012  
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:**

28202 CABOT ROAD  
SUITE 600  
LAGUNA NIGUEL, CA 92677

**Current Mailing Address:**

28202 CABOT ROAD  
SUITE 500  
LAGUNA NIGUEL, CA 92677

**New Mailing Address:**

28202 CABOT ROAD  
SUITE 600  
LAGUNA NIGUEL, CA 92677

FEI Number: 95-2704711

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

3H AGENT SERVICES, INC.  
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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SCHAFNITZ, MATTHEW  
Address: 28202 CABOT ROAD, SUITE 600  
City-St-Zip: LAGUNA NIGUEL, CA 92677

Title: STCO  
Name: KOOKOOTSEDES, JOHN  
Address: 28202 CABOT ROAD, SUITE 600  
City-St-Zip: LAGUNA NIGUEL, CA 92677

Title: D  
Name: SCHAFNITZ, MATTHEW  
Address: 28202 CABOT ROAD, SUITE 600  
City-St-Zip: LAGUNA NIGUEL, CA 92677

Title: D  
Name: KOOKOOTSEDES, JOHN  
Address: 28202 CABOT ROAD, SUITE 600  
City-St-Zip: LAGUNA NIGUEL, CA 92677

I hereby 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 all other like empowered.

SIGNATURE: GARY T. HARKER

ARC

01/12/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date