

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000371

**FILED**  
**Apr 16, 2015**  
**Secretary of State**  
**CC1434786180**

**Entity Name:** LOGWOOD INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

2330 N LOOP 1604 W  
SAN ANTONIO, TX 78248

**Current Mailing Address:**

P.O. BOX 33240  
SAN ANTONIO, TX 78265

**FEI Number:** 20-3445886

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VICE PRESIDENT AND TREASURER,  
DIRECTOR  
Name STOKES, WARREN A  
Address P.O. BOX 33240  
City-State-Zip: SAN ANTONIO TX 78265

Title PRESIDENT, DIRECTOR  
Name WATT, TIMOTHY A  
Address P.O. BOX 33240  
City-State-Zip: SAN ANTONIO TX 78265

Title DIRECTOR  
Name ZACHRY, DAVID S  
Address P.O. BOX 33240  
City-State-Zip: SAN ANTONIO TX 78265

Title VICE PRESIDENT  
Name LABRIE, SUSAN P  
Address P.O. BOX 33240  
City-State-Zip: SAN ANTONIO TX 78265

Title SECRETARY  
Name WEBB, THOMAS C  
Address P.O. BOX 33240  
City-State-Zip: SAN ANTONIO TX 78265

Title ASSISTANT SECRETARY  
Name MORALEZ, SHANNON P.  
Address P.O. BOX 33240  
City-State-Zip: SAN ANTONIO TX 78265

*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:** WARREN A. STOKES

**VICE PRESIDENT AND  
TREASURER, DIRECTOR**

**04/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date