

**FILED**  
**Aug 30, 2007 8:00 am**  
**Secretary of State**

08-30-2007 90003 021 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F02000005369</b>					
1. Entity Name <b>CONSOLIDATED ORANGE COUNTY INSURANCE AGENCIES, INC</b>					
Principal Place of Business <b>18551 VON KARMAN AVE STE 120 IRVINE, CA 92612</b>			Mailing Address <b>18551 VON KARMAN AVE STE 120 IRVINE, CA 92612</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>33-0265734</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LARSON, RANDALL G 4560 E. EISENHOWER CIRCLE ANAHEIM, CA 92809 <input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ROHRER, ROBERT L 1920 EAST 17TH ST STE. 130 SANTA ANA, CA 92705 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP Prentiss, William C. 4560 E. Eisenhower Circle Anaheim, CA 92809 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T PAPASTATHIS, JAMES 18551 VON KARMAN AVE STE. 120 IRVINE, CA 92612 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP Walker, Robert T. 2107 N. Broadway #205 Santa Ana, CA 92706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P WALKER, ROBERT T 18551 VON KARMAN AVE STE. 120 IRVINE, CA 92612 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP Larson, Randall G. 18551 Von Karman Ave Ste. 120 Irvine, CA 92612 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FREEMAN, STEVEN E 1216 N TUSTIN ST ORANGE, CA 92867 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP McFarland, Russell 18551 Von Karman Ste 120 Irvine, CA 92612 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PAPISTATHIS, JAMES 1913 E 17TH STREET, #213 SANTA ANA, CA 92705 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP Lunde, Robert G. 18551 Von Karman Ste 120 Irvine, CA 92612 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Randall G. Larson</i></u>		Date: <u>8/9/07</u> <u>749/360 - 4900 4007</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date			



ATTACHMENT 40130801

JGF/Davey & Larson/Swank

Insurance Services

24 August 2007

Director of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

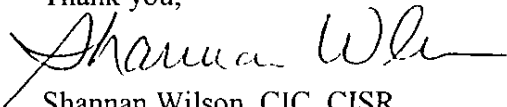
RE: Non-Resident Licensing and Notice of Intent to Dissolve  
Doc# F02000005369 Consolidated Orange County Insurance Agencies, Inc.

Dear Sirs:

I never received a card of renewal from your state in order to send you the \$150.00 normal fee. I have only received this Notice of Intent to Dissolve. Please accept the \$150.00 to renew our non-resident license as we have in the past. I appreciate your considerations in this matter.

I appreciate your consideration in helping us with this matter. Please accept the \$150.00 instead of us being penalized and having to pay the \$550.

Thank you,

  
Shannan Wilson, CIC, CISR  
X227  
skw

☐ JGF / Davey & Larson  
Insurance Services

☐ Swank Insurance  
Services

CA. LIC. 0739053  
0662658

Member of  
Consolidated  
Orange County  
Insurance Agencies, Inc.

CORPORATE OFFICES  
18551 Von Karman Avenue  
Suite 120  
Irvine, California  
92612-1553

949-862-4900  
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