

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2004 8:00 am
Secretary of State

06-24-2004 90079 004 ***150.00

DOCUMENT # F03000005496

1. Entity Name
PEACHTREE WEST INSURANCE BROKERS, INC.



Principal Place of Business
**C/O PEACHTREE WEST INSURANCE BROKERS
12301 WILSHIRE BLVD., SUITE 402
LOS ANGELES, CA 90025**

Mailing Address
**C/O PEACHTREE WEST INSURANCE BROKERS
12301 WILSHIRE BLVD., SUITE 402
LOS ANGELES, CA 90025**

34038637



2. Principal Place of Business		3. Mailing Address		06212004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 71-0948681	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		92802	USA		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIRK, KEN 4041 N. CENTRAL AVE., SUITE 1500 PHOENIX, AZ 85012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORTIMER, RICK 475 S. STATE COLLEGE BLVD. BREA, CA 92821 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORTIMER, VERNELLE 475 S. STATE COLLEGE BLVD. BREA, CA 92821 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SWANSON, KELLY 4041 N. CENTRAL AVE., SUITE 1500 PHOENIX, AZ 85012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIGUEZ, SUSAN M 109 N. "H" STREET LOMPOC, CA 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GRAMMIG, LAUREL L 401 E. JACKSON ST., SUITE 1700 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Laurel B. Mortimer* **6-21-04** **990-4430**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Attachment
Doc. # FO 3000005496

June 18, 2004

Division of Corporations
PO Box 1500
Tallahassee FL 32302-1500

SUBJECT: 2004 ANNUAL REPORT

Peachtree West Insurance Brokers, Inc. applied for and received name approval in anticipation of doing business in your state.

The young woman who was handling surplus lines and licensing for Peachtree West is no longer with the agency and I have taken over the task.

To date we have not conducted business in the state of Florida and did not received your annual report form. Please note mailing address change.

Enclosed is the 2004 annual report downloaded from your website and necessary fee of \$150.00.

Should you have any questions, you may contact me at (714) 990-4430 or vernelle.mortimer@bbbrea.com.

Thanks,

A handwritten signature in cursive script, appearing to read 'V. Mortimer'.

Vernelle B. Mortimer
Vice President

Enclosure