2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000003919

1. Entity Name
TRANSWESTERN RISK & INSURANCE MANAGEMENT CO.

Principal Place of Business	Mailing Address
300 N. COIT RD. SUITE 1430 RICHARDSON, TX 75080	300 N. COIT RD. SUITE 1430 RICHARDSON, TX 75080

DO NOT WRITE IN THIS SPACE

01042007   No Chg-P   CR2E034 (11/05)

4. FEI Number 75-2358297	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HATCH, JONN D ESQ.
1267 BERKSHIRE LANE
SUITE 200
TARPON SPRINGS, FL 34688

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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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	JONES, RONALD J
STREET ADDRESS	2830 HICKORY BEND
CITY-ST-ZIP	GARLAND, TX 75044
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/09/07-80040-021 150.00

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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: Ronald J. Jones   1-4-07   972-479-0067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #