



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000003919 1. Entity Name TRANSWESTERN RISK & INSURANCE MANAGEMENT CO.	
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Principal Place of Business 300 N. COIT RD. SUITE 1430 RICHARDSON, TX 75080	Mailing Address 300 N. COIT RD. SUITE 1430 RICHARDSON, TX 75080
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DO NOT WRITE IN THIS SPACE

	
01082008	No Chg-P
CR2E034 (11/05)	
4. FEI Number 75-2358297	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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: _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. **0000000221027**
02/19/08-AM07-024 150.00

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, RONALD J 2830 HICKORY BEND GARLAND, TX 75044
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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  2-4-08 972-479-0067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #