

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2008 08:00 A
Secretary of State

DOCUMENT # F06000005944

1. Entity Name
W. BROWN & ASSOCIATES INSURANCE SERVICES, INC.



Principal Place of Business
**19000 MACARTHUR BLVD STE 700
IRVINE, CA 92612**

Mailing Address
**19000 MACARTHUR BLVD STE 700
IRVINE, CA 92612**



03102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0244534

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	BROWN, WILLIAM W
STREET ADDRESS	19000 MACARTHUR BLVD STE 700
CITY-ST-ZIP	IRVINE, CA 92612
TITLE	DP
NAME	BROWN, WILLIAM S
STREET ADDRESS	19000 MACARTHUR BLVD STE 700
CITY-ST-ZIP	IRVINE, CA 92612
TITLE	V
NAME	ZIMMERER, VINCENT H JR
STREET ADDRESS	19000 MACARTHUR BLVD STE 700
CITY-ST-ZIP	IRVINE, CA 92612
TITLE	ST
NAME	BUSSARD, THOMAS F
STREET ADDRESS	19000 MACARTHUR BLVD STE 700
CITY-ST-ZIP	IRVINE, CA 92612
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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:

John J. DelVecchio *John J. DelVecchio*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/08

945-428-1312