

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90059 007 \*\*\*150.00

**DOCUMENT # F07000003243**

1. Entity Name  
**LEAVITT PACIFIC INSURANCE BROKERS, INC.**



Principal Place of Business <b>635 CAMPBELL TECHNOLOGY PKWY., SUITE 150 CAMPBELL, CA 95008</b>	Mailing Address <b>635 CAMPBELL TECHNOLOGY PKWY., SUITE 150 CAMPBELL, CA 95008</b>
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2. Principal Place of Business - No P.O. Box # <b>695 Campbell Technology Parkway</b>	3. Mailing Address <b>695 Campbell Technology Pkwy</b>
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Suite, Apt. #, etc. <b>Ste #250</b>	Suite, Apt. #, etc. <b>Ste. 250</b>
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City & State <b>Campbell CA</b>	City & State <b>Campbell CA</b>
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Zip <b>95008</b>	Country <b>Santa Clara</b>	Zip <b>95008</b>	Country <b>Santa Clara</b>
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01312008 Chg-P CR2E034 (12/06)

4. FEI Number <b>73-1672865</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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's signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVC CALLISTER, KEVIN 214 SOUTH 200 WEST CEDAR CITY, UT 84720</b> <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	<b>VD ABER, JEFFREY 635 CAMPBELL TECHNOLOGY PKWY., SUITE 150 CAMPBELL, CA 95008</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Aber, Jeffrey 695 Campbell Technology Pkwy Suite 250 Campbell CA 95008</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S KENNEY, MARK G 216 SOUTH 200 WEST CEDAR CITY, UT 84720</b> <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	<b>T CALLISTER, JOSEPH C 216 SOUTH 200 WEST CEDAR CITY, UT 84720</b> <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	<b>D RULE, KIRK W 635 CAMPBELL TECHNOLOGY PKWY., SUITE 150 CAMPBELL, CA 95008</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Rule, Kirk W 695 Campbell Technology Pkwy Suite 250 Campbell, CA 95008</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C LEAVITT, ERIC O 216 SOUTH 200 WEST CAMPBELL, CA 95008</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Gregory A. Yoder 695 Campbell Technology Pkwy Suite 250 Campbell CA 95008</b> <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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/08