# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 13, 2009**
**Secretary of State**

DOCUMENT# F07000003243

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

**Current Principal Place of Business:**

695 CAMPBELL TECHNOLOGY PARKWAY
STE #250
CAMPBELL, CA 95008

**New Principal Place of Business:**

**Current Mailing Address:**

695 CAMPBELL TECHNOLOGY PARKWAY
STE #250
CAMPBELL, CA 95008

**New Mailing Address:**

**FEI Number: 73-1672865** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | PVC | ( ) Delete |
| Name: | CALLISTER, KEVIN | |
| Address: | 214 SOUTH 200 WEST | |
| City-St-Zip: | CEDAR CITY, UT 84720 | |
| Title: | VD | ( ) Delete |
| Name: | ABER, JEFFREY | |
| Address: | 695 CAMPBELL TECHNOLOGY PKWY SUITE 250 | |
| City-St-Zip: | CAMPBELL, CA 95008 | |
| Title: | S | ( ) Delete |
| Name: | KENNEY, MARK G | |
| Address: | 216 SOUTH 200 WEST | |
| City-St-Zip: | CEDAR CITY, UT 84720 | |
| Title: | D | ( ) Delete |
| Name: | RULE, KIRK W | |
| Address: | 695 CAMPBELL TECHNOLOGY PKWY SUITE 250 | |
| City-St-Zip: | CAMPBELL, CA 95008 | |
| Title: | D | ( ) Delete |
| Name: | RULE, KIRK W | |
| Address: | 635 CAMPBELL TECHNOLOGY PKWY., SUITE 150 | |
| City-St-Zip: | CAMPBELL, CA 95008 | |
| Title: | C | ( ) Delete |
| Name: | LEAVITT, ERIC O | |
| Address: | 216 SOUTH 200 WEST | |
| City-St-Zip: | CAMPBELL, CA 95008 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY N. ABER VD 01/13/2009

Electronic Signature of Signing Officer or Director — Date