


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F97000003781</b> 1. Entity Name WESTWOOD INSURANCE AGENCY, INC.	
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Principal Place of Business 2728 N. HARWOOD STREET DALLAS, TX 75201	Mailing Address P.O. BOX 199000 DALLAS, TX 75219
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03252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 95-6042459	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLYNN, JOHN J 14140 VENTURA BLVD., #200 SHERMAN OAKS, CA 91423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NETTLETON, MARK A 14140 VENTURA BLVD., #200 SHERMAN OAKS, CA 91423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEWIS, GREGORY 14140 VENTURA BLVD., #200 SHERMAN OAKS, CA 91423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TROTT, ANGELA 14140 VENTURA BLVD #200 SHERMAN OAKS, CA 91423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCAS MORAN, EVELYN 14140 VENTURA BLVD., #200 SHERMAN OAKS, CA 91423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP UMALY, ALAN 14140 VENTURA BLVD #200 SHERMAN OAKS, CA 91423

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  LYLE STEVENS 4/27/05 (214) 981-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #