

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90372 018 ***150.00

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03172006 Chg-P CR2E034 (11/05)

DOCUMENT # F97000003781 1. Entity Name WESTWOOD INSURANCE AGENCY, INC.					
Principal Place of Business 2728 N. HARWOOD STREET DALLAS, TX 75201			Mailing Address P.O. BOX 199000 DALLAS, TX 75219		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 95-6042459	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLYNN, JOHN J 14140 VENTURA BLVD., #200 SHERMAN OAKS, CA 91423	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAGGINS, BLAKE E 2728 N HARWOOD ST DALLAS, TX 75201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NETTLETON, MARK A 14140 VENTURA BLVD., #200 SHERMAN OAKS, CA 91423	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEWIS, GREGORY 14140 VENTURA BLVD., #200 SHERMAN OAKS, CA 91423	<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	VP TROTT, ANGELA 14140 VENTURA BLVD #200 SHERMAN OAKS, CA 91423	<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	VCAS MORAN, EVELYN 14140 VENTURA BLVD., #200 SHERMAN OAKS, CA 91423	<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	VP UMALY, ALAN 14140 VENTURA BLVD #200 SHERMAN OAKS, CA 91423	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> 4/20/06 (214) 981-5000 </div> <div style="display: flex; justify-content: space-between;"> Date Daytime Phone # </div>					

man
4/20/06

ATTACHMENT
40074309
#F97000003781
WESTWOOD INSURANCE AGENCY (CA)
2728 NORTH HARWOOD STREET
DALLAS, TEXAS 75201

3/17/2006

Florida Secretary of State
PO Box 1500

Tallahassee FL 32302-1500

CERTIFIED MAIL # 7005 0390 0004 6900 9945

Gentlemen:

Enclosed is the following :

Return: FL Foreign Annual

Period: 2006

Amount: 150.00

Very truly yours,

Rachana G.

BA 4/20/06

Enclosures