2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003781

Title:

Name:

Address:

City-St-Zip:

AVP

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NORVELL, MICHAEL B

DALLAS, TX 75201

2728 N HARWOOD STREET

Entity Name: WESTWOOD INSURANCE AGENCY, INC

FILED Apr 22, 2009 Secretary of State

Littly Name. WEST WOOD INSURANCE AGENCY, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
2728 N. HARWOOD STREET DALLAS, TX 75201				8407 FALLBROOK AVENUE, STE. 200 WEST HILLS, CA 91304		
Current Mailing Address:				New Mailing Address:		
P.O. BOX 199000 DALLAS, TX 75219				210 INTERSTATE N. PARKWAY, STE. 400 ATTN: LICENSING ZCSIA ATLANTA, GA 30339		
FEI Number:	95-6042459	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US						
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:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () E FLYNN, JOHN J 2728 N HARWOO DALLAS, TX 752			Title: Name: Address: City-St-Zip:	() Change ()Addition
Title: Name: Address: City-St-Zip:	NETTLETON, MA	K AVENUE STE 200		Title: Name: Address: City-St-Zip:	FRANKS, STEI	TE N. PARKWAY, STE. 400
Title: Name: Address: City-St-Zip:	V () E LEWIS, GREGOR 2728 N HARWOO DALLAS, TX 752	DD STREET		Title: Name: Address: City-St-Zip:	NOVAK, JAME	TE N. PARKWAY, STE.400

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES P. NOVAK VS 04/22/2009

() Change () Addition