

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P00736	
1. Entity Name PACIFIC LIFE & ANNUITY COMPANY	



Principal Place of Business 700 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660	Mailing Address 700 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660
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01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-3769814	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	

**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 _____ Signature, typed or printed name of registered agent and title if applicable.	DATE _____ (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	U000000113887 04/15/04-80027-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARMICHAEL, DAVID R 1525 SERENADE TERRACE CORONA DEL MAR, CA 92625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FENTON, MICHEAL P 700 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHAFFER, GLENN S. 24566 SANTA CLARA AVENUE DANA POINT, CA 92629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILFS, AUDREY L. 26922 ROCKINGHORSE LANE LAGUNA HILLS, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTON, THOMAS C. 4627 CAMDEN DRIVE CORONA DEL MAR, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WIRTHLIN, R, LEE 700 NEWPORT CENTER DR NEWPORT BEACH, CA

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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)(f), 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.	
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SIGNATURE: _____ R. LEE WIRTHLIN, VICE PRESIDENT	Date: 4/09/2004	Daytime Phone # _____
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