

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215518308

1.) CORPORATION NAME:

Logwood Insurance Agency, Inc.

DUE DATE: **1/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1849373**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2330 N. LOOP 1604 W

CITY/ST/ZIP: SAN ANTONIO, TX 78248-4512

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	TIMOTHY A. WATT				
TITLE:	PRESIDENT				
ADDRESS:	P.O. BOX 33240				
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78265				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	WARREN A. STOKES				
TITLE:	VICE PRESIDENT				
ADDRESS:	P.O. BOX 33240				
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78265				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	SUSAN P. LABRIE				
TITLE:	VICE PRESIDENT				
ADDRESS:	P.O. BOX 33240				
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78265				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	WARREN A. STOKES				
TITLE:	TREASURER				
ADDRESS:	P.O. BOX 33240				
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78265				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	SHANNON P. MORALEZ				
TITLE:	ASST SECRETARY				
ADDRESS:	P.O. BOX 33240				
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78265				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	THOMAS COYT WEBB				
TITLE:	SECRETARY				
ADDRESS:	P.O. BOX 33240				
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78265				

NAME:	DAVID S. ZACHRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 33240		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78265		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ TIMOTHY A. WATT	TIMOTHY A. WATT, PRESIDENT	5/11/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.