

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 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**



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number
95-3769814

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
**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
SCHAFER, 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**

**DO NOT WRITE
IN THIS SPACE**

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04/16/05-80052-008 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R. LEE WIRTHLIN, VICE PRESIDENT

4/08/05

Date

Daytime Phone #