



Form Revision Date 07/2016

## ANNUAL REPORT

For use by FOREIGN PROFIT CORPORATION

(Required by Section 911, Act 284, Public Act of 1972)

The identification number assigned by the Bureau is: 802690177

Annual Report Filing Year: 2022

1. Corporation Name:  
PAUMA/VALLEY INSURANCE AGENCY, INC.

2. The street address of the corporation's registered office and the name of the resident agent at that office:  
 1. Resident Agent Name: PARACORP INCORPORATED  
 2. Street Address: 40600 ANN ARBOR ROAD E  
 Apt/Suite/Other: SUITE 200  
 City: PLYMOUTH  
 State: MI Zip Code: 48170

3. Mailing address of the corporation's registered office:  
 P.O. Box or Street Address: PO BOX 1530  
 Apt/Suite/Other:  
 City: VALLEY CENTER  
 State: CA Zip Code: 92082

4. Provide the names and business or residence addresses of the corporation's board of directors and its president, treasurer, and secretary:

Title	Name	Residence or Business Address
PRESIDENT	BYRON STRAUSBAUGH	PO BOX 1530, VALLEY CENTER, CA 92082 USA
TREASURER	BYRON STRAUSBAUGH	PO BOX 1530, VALLEY CENTER, CA 92082 USA
SECRETARY	BYRON STRAUSBAUGH	PO BOX 1530, VALLEY CENTER, CA 92082 USA
DIRECTOR	BYRON STRAUSBAUGH	PO BOX 1530, VALLEY CENTER, CA 92082 USA

5. Describe the purposes and general nature and kind of business in which the corporation engaged in during the year covered by this report:  
INSURANCE SALES

6. Enter the apportionment percentage from the most recent filed Michigan tax return:  
 Not required to file Michigan tax return

This document must be signed by an authorized officer or agent:  
Signed this 16th Day of March, 2022 by:

Signature	Title	Title if "Other" was selected
Byron Strausbaugh	President	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline       Accept

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**

**FILING ENDORSEMENT**

***This is to Certify that the*** 2022 ANNUAL REPORT

***for***

PAUMA/VALLEY INSURANCE AGENCY, INC.

***ID Number:*** 802690177

***received by electronic transmission on*** March 16, 2022 ***, is hereby endorsed.***

***Filed on*** March 16, 2022 ***, by the Administrator.***

***The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.***



***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 16th day of March, 2022.***

*Linda Clegg*

***Linda Clegg, Director***

***Corporations, Securities & Commercial Licensing Bureau***