

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # F06000006641**

1. Entity Name  
**TBS ADJUSTING, INC.**

Principal Place of Business      Mailing Address  
**800 ENERGY CENTRE**      **800 ENERGY CENTRE**  
**1100 POYDRAS STREET**      **1100 POYDRAS STREET**  
**NEW ORLEANS LA 70163**      **NEW ORLEANS LA 70163**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/06)

City & State      City & State

4. FEI Number **52-2099668**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**1200 PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                        |                                 |
|----------------|----------------------------------------|---------------------------------|
| TITLE          | CPT                                    | <input type="checkbox"/> Delete |
| NAME           | TILLMAN, R. BRUCE                      |                                 |
| STREET ADDRESS | 23 OLD KINGS HIGHWAY SOUTH             |                                 |
| CITY-STATE-ZIP | DARIEN CT 06820-4538                   |                                 |
| TITLE          | VCVP                                   | <input type="checkbox"/> Delete |
| NAME           | FINKEL, IDALYN                         |                                 |
| STREET ADDRESS | 800 ENERGY CENTRE, 1100 POYDRAS STREET |                                 |
| CITY-STATE-ZIP | NEW ORLEANS LA 70163                   |                                 |
| TITLE          | DS                                     | <input type="checkbox"/> Delete |
| NAME           | GOUZY, GARY                            |                                 |
| STREET ADDRESS | 800 ENERGY CENTRE, 1100 POYDRAS STREET |                                 |
| CITY-STATE-ZIP | NEW ORLEANS LA 70163                   |                                 |
| TITLE          |                                        | <input type="checkbox"/> Delete |
| NAME           |                                        |                                 |
| STREET ADDRESS |                                        |                                 |
| CITY-STATE-ZIP |                                        |                                 |
| TITLE          |                                        | <input type="checkbox"/> Delete |
| NAME           |                                        |                                 |
| STREET ADDRESS |                                        |                                 |
| CITY-STATE-ZIP |                                        |                                 |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |

U000000636089

04/09/07-80031-622-150  Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** \_\_\_\_\_ **3/26/07** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #