

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000151000

FILED  
Feb 28, 2008  
Secretary of State

Entity Name: THE PUBLIC ADJUSTERS INC.

**Current Principal Place of Business:**

501 KNIGHTS RUN AVE  
2203  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

501 KNIGHTS RUN AVE  
2203  
TAMPA, FL 33602

**New Mailing Address:**

FEI Number: 26-1649895      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DELO, JANE N P  
501 KNIGHTS RUN AVE  
2203  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: DELO, JANE N  
Address: 501 KNIGHTS RUN AVE 2203  
City-St-Zip: TAMPA, FL 33602

Title: P ( ) Delete  
Name: DELO, RONALD F  
Address: 10014 KINGSHYRE WAY  
City-St-Zip: TAMPA, FL 33647

Title: VP ( ) Delete  
Name: BROWNE, KENNETH  
Address: 19 VILLAGE DR  
City-St-Zip: MONTVILLE, NJ 07045

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE N. DELO

P

02/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date