

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000151000

FILED
Jan 23, 2009
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:

21328 LAKE VIENNA DRIVE
LAND O LAKES, FL 34638

Current Mailing Address:

501 KNIGHTS RUN AVE
2203
TAMPA, FL 33602

New Mailing Address:

21328 LAKE VIENNA DRIVE
LAND O LAKES, FL 34638

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: P (X) Change () Addition
Name: DELO, RONALD F
Address: 21328 LAKE VIENNA DRIVE
City-St-Zip: LAND O LAKES, FL 34638

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 NOEL DELO

S

01/23/2009

Electronic Signature of Signing Officer or Director

_____ Date