


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000006641 1. Entity Name TBS ADJUSTING, INC.	
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Principal Place of Business
800 ENERGY CENTRE
1100 POYDRAS STREET
NEW ORLEANS, LA 70163

Mailing Address
800 ENERGY CENTRE
1100 POYDRAS STREET
NEW ORLEANS, LA 70163



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2099668	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 PINE ISLAND ROAD
PLANTATION, FL 33324

**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, 2008 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	CPT TILLMAN, R. BRUCE 23 OLD KINGS HIGHWAY SOUTH DARIEN, CT 068204538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP FINKEL, IDALYN 800 ENERGY CENTRE, 1100 POYDRAS STREET NEW ORLEANS, LA 70163
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOUZY, GARY 800 ENERGY CENTRE, 1100 POYDRAS STREET NEW ORLEANS, LA 70163
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/01/08-80019-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Idalyn Finkel 3/11/08

504-585-7960

Date

Daytime Phone #