


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 623029		
1. Entity Name DLT INSURANCE ADJUSTERS, INC.		

Principal Place of Business 730 NW 107 AVE STE 214 MIAMI FL 33172	Mailing Address 730 NW 107 AVE STE 214 MIAMI FL 33172
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE OR2E034 (10/04)

4. FEI Number 59-1909039	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

7. Name and Address of New Registered Agent	
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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	JOHNSTON, MICHAEL S
STREET ADDRESS	730 NW 107TH AVENUE
CITY- ST- ZIP	MIAMI FL 33172
TITLE	C <input type="checkbox"/> Delete
NAME	ANDERSON, GLENN W
STREET ADDRESS	500 COMMERCE STREET
CITY- ST- ZIP	FORT WORTH TX 76102-5439
TITLE	C <input type="checkbox"/> Delete
NAME	BUXTON, RICHARD M
STREET ADDRESS	500 COMMERCE STREET
CITY- ST- ZIP	FORT WORTH TX 76102-5439
TITLE	D <input type="checkbox"/> Delete
NAME	LYNCH, TERRY
STREET ADDRESS	500 COMMERCE STREET
CITY- ST- ZIP	FORT WORTH TX 76102-5439
TITLE	T <input type="checkbox"/> Delete
NAME	COOTS, DANIEL J
STREET ADDRESS	500 COMMERCE STREET
CITY- ST- ZIP	FORT WORTH TX 76102-5439
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	4-11-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #