

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90301 003 \*\*\*150.00

**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**

**50011724**



2. Principal Place of Business

3. Mailing Address

**PO Box 199023**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282006

Chg-P

CR2E034 (11/05)

City & State

City & State

**Dallas, TX**

4. FEI Number

**59-1909039**

Applied For

Not Applicable

Zip

Country

Zip

**75219**

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

**C T CORPORATION SYSTEM  
1200 SOUTH 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

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, 2006 Fee will be \$550.00**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
JOHNSTON, MICHAEL S  
730 NW 107TH AVENUE  
MIAMI, FL 33172**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
ANDERSON, GLENN W  
500 COMMERCE STREET  
FORT WORTH, TX 761025439**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
Glenn Anderson  
3333 Lee Parkway Ste 1200  
Dallas, TX 75219**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
BUXTON, RICHARD M  
500 COMMERCE STREET  
FORT WORTH, TX 761025439**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
Richard M. Buxton  
3333 Lee Parkway, Ste 1200  
Dallas, TX 75219**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LYNCH, TERRY  
500 COMMERCE STREET  
FORT WORTH, TX 761025439**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Terry Lynch  
3333 Lee Parkway Ste 1200  
Dallas, TX 75219**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
COOTS, DANIEL J  
500 COMMERCE STREET  
FORT WORTH, TX 761025439**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
Daniel J. Coots  
3333 Lee Parkway Ste 1200  
Dallas, TX 75219**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

**3/31/06**

Date

**(972) 629-4301**

Daytime Phone #