

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 08:00 A
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
POB 199023
DALLAS TX 75219



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-1909039

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE NAME ☐ Delete
C ANDERSON, GLENN
STREET ADDRESS 3333 LEE PKWY STE 1200
CITY-ST-ZIP DALLAS TX 75219

TITLE NAME ☐ Delete
C BLIXTON, RICHARD M
STREET ADDRESS 3333 LEE PKWY STE 1200
CITY-ST-ZIP DALLAS TX 75219

TITLE NAME ☐ Delete
D LYNCH, TERRY
STREET ADDRESS 3333 LEE PKWY STE 1200
CITY-ST-ZIP DALLAS TX 75219

TITLE NAME ☐ Delete
T COOTS, DANIEL J
STREET ADDRESS 3333 LEE PKWY STE 1200
CITY-ST-ZIP DALLAS TX 75219

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
U000000760944
05/25/07-80035-009 150.00

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

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

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

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

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

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

04/19/07 972-629-4301

Date

Daytime Phone #