


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 838827**  
 1. Entity Name  
**FRONTIER ADJUSTERS, INC.**



Principal Place of Business      Mailing Address  
**45 E. MONTEREY WAY**      **45 E. MONTEREY WAY**  
**P.O. BOX 7680**              **P.O. BOX 7680**  
**PHOENIX, AZ 85011**        **PHOENIX, AZ 85011**

**DO NOT WRITE IN THIS SPACE**



04112005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**84-0484390**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**UNITED STATES CORPORATION COMPANY**  
**110 N. MAGNOLIA ST.**  
**TALLAHASSEE, FL 32301**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

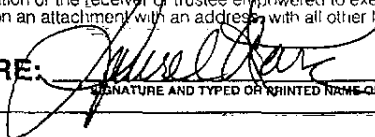
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCOD DAVIES, JOHN M 45 EAST MONTEREY WAY PHOENIX, AZ 85012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PARK, LAUREL A 45 EAST MONTEREY WAY PHOENIX, AZ 85012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFOT HARCOURT, JEFFREY R 45 EAST MONTEREY WAY PHOENIX, AZ 85012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000306827  
 04/15/05-80030-021 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **Laurel A. Park, Secretary**    04/11/05    602-264-1061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #