


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F96000002625**  
 1. Entity Name  
**CEFCO NATIONAL CLAIMS SERVICES, INC.**



Principal Place of Business      Mailing Address  
**2928 N MCVAY DR**                      **P O BOX 6842**  
**MOBILE, AL 36606 US**                      **MOBILE, AL 36660 US**

**DO NOT WRITE IN THIS SPACE**



07062006      No Chg-P      CR2E034 (11/05)

4. FEI Number <b>63-0772568</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.**  
**2731 EXECUTIVE PARK DRIVE**  
**SUITE 4**  
**WESTON, FL 33331**

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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 \_\_\_\_\_ U00000570299  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      07/14/06-00000-010-150.75  
DATE

**FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**      In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOWLER, CORTEZ E 2501 MUIR WOODS DRIVE EAST MOBILE, AL 36693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FOWLER, JO ANN S 2501 MUIR WOODS DRIVE EAST MOBILE, AL 36693
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *J. Fowler*      7-7-06      251-471-4718  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #