

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90003 034 \*\*\*158.75

**DOCUMENT # F98000006295**

1. Entity Name

INTERSTATE ADJUSTMENT BUREAU, INC.



Principal Place of Business

10 WALLACE GROVE LANE  
MILFORD OH 45150

Mailing Address

P O BOX 364  
MILFORD OH 45150



2. Principal Place of Business

118 WAHOO DRIVE

3. Mailing Address

P. O. BOX 545

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

ROTONDA WEST, FL

City & State

PLACIDA, FL

4. FEI Number

31-1198405

Applied For

Not Applicable

Zip

33947

Country

USA

Zip

33946

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TINGLEY, SCOTT D  
10 WALLACE GROVE LANE  
MILFORD, OHIO FL 45150

7. Name and Address of New Registered Agent

Name

SCOTT D. TINGLEY

Street Address (P.O. Box Number is Not Acceptable)

118 WAHOO DRIVE

City

ROTONDA WEST

FL

Zip Code

33947

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

2-14-06

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 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	CPTD	<input type="checkbox"/> Delete
NAME	TINGLEY, SCOTT D	
STREET ADDRESS	10 WALLACE GROVE LANE	
CITY-ST-ZIP	MILFORD OH 45150	
TITLE	CDVS	<input type="checkbox"/> Delete
NAME	TINGLEY, BLANCA E	
STREET ADDRESS	10 WALLACE GROVE LANE	
CITY-ST-ZIP	MILFORD OH 45150	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINGLEY, SCOTT D.	
STREET ADDRESS	118 WAHOO DRIVE	
CITY-ST-ZIP	ROTONDA WEST, FL 33947	
TITLE	US	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINGLEY, BLANCA E	
STREET ADDRESS	118 WAHOO DRIVE	
CITY-ST-ZIP	ROTONDA WEST, FL 33947	
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 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:

Blanca E Tingley VICE-PRESIDENT

2-14-06 (41)697-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #