

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90037 032 ***150.00

DOCUMENT # G40638

1. Entity Name

U.S. CLAIMS SERVICE, INC.



Principal Place of Business

105 OLD JENNINGS ROAD
ORANGE PARK, FL 32065

Mailing Address

105 OLD JENNINGS ROAD
ORANGE PARK, FL 32065



04102008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2297038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SNIDER, CLARENCE L.
105 OLD JENNINGS ROAD
ORANGE PARK, FL 32065

**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

Clarence L. Snider Pres

4-10-08

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE CPTD
NAME SNIDER, CLARENCE L.
STREET ADDRESS 2311 FAIRVIEW DR
CITY-ST-ZIP ORANGE PARK, FL 32003

TITLE SD
NAME SNIDER, BETTY
STREET ADDRESS 2311 FAIRVIEW DR
CITY-ST-ZIP ORANGE PARK, FL 32003

TITLE VD
NAME SNIDER, AMY L.
STREET ADDRESS 1796 NORTHGLEN CIR
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Clarence L. Snider Pres CLARENCE L. SNIDER

4-10-08

9047726262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #