2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G58107

Address:

City-St-Zip:

1921 ROSE MALLOW LANE

ORANGE PARK, FL

Entity Name: F.A.S. ADJUSTMENT BUREAU, INC.

FILED Feb 11, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1543 KINGLSEY AVE BLDG 11				1543 KINGLSEY AVE BLDG 11 ORANGE PD, FL 320670015	
POB 1543 ORANGE PD, FL 320670015			ORANGE PD, FL 3200		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1543 KING	LSEY AVE BL	DG 11			
POB 1543 ORANGE PD, FL 320670015					
	,				
FEI Number:	59-2414826	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
1921 ROSE	, STEPHEN A E MALLOW LA PARK, FL 320	ANE			
	named entity of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUF	RE:				
	Electron	nic Signature of Registered Ag	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	S (BOCCIERI, ST 1921 ROSE MA ORANGE PARI	ALLOW LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P (BOCCIERI, MC 1921 ROSE M/ ORANGE PARI	ALLOW LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T (BOCCIERI, ST) Delete EPHANIE	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: STEPHEN A BOCCIERI S 02/11/2009