

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G58107

FILED  
Mar 04, 2010  
Secretary of State

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

**Current Principal Place of Business:**

1543 KINGLSEY AVE BLDG 11  
ORANGE PD, FL 320670015

**New Principal Place of Business:**

**Current Mailing Address:**

1543 KINGLSEY AVE BLDG 11  
POB 1543  
ORANGE PD, FL 320670015

**New Mailing Address:**

FEI Number: 59-2414826      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOCCIERI, STEPHEN A.  
1921 ROSE MALLOW LANE  
ORANGE PARK, FL 32073      US

**Name and Address of New Registered Agent:**

BOCCIERI, STEPHEN A.  
1921 ROSE MALLOW LANE  
FLEMING ISLAND, FL 32003      US

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.

SIGNATURE: \_\_\_\_\_      03/04/2010  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: S  
Name: BOCCIERI, STEPHEN  
Address: 1921 ROSE MALLOW LANE  
City-St-Zip: ORANGE PARK, FL

Title: P  
Name: BOCCIERI, MONICA  
Address: 1921 ROSE MALLOW LANE  
City-St-Zip: ORANGE PARK, FL

Title: T  
Name: BOCCIERI, STEPHANIE  
Address: 1921 ROSE MALLOW LANE  
City-St-Zip: ORANGE PARK, FL

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN BOCCIERI      S      03/04/2010  
Electronic Signature of Signing Officer or Director      Date