

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G58107

FILED
Mar 17, 2011
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
FLEMING ISLAND, FL 32003 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

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: MONICA L BOCCIERI

PRES

03/17/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date