

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G58107

FILED  
Feb 07, 2012  
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: FLEMING ISLAND, FL 32003

Title: P  
Name: BOCCIERI, MONICA  
Address: 1921 ROSE MALLOW LANE  
City-St-Zip: FLEMING ISLAND, FL 32003

Title: T  
Name: BOCCIERI, STEPHANIE  
Address: 1921 ROSE MALLOW LANE  
City-St-Zip: FLEMING ISLAND, FL 32003

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 A BOCCIERI

S

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date