## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## FILED Mar 14, 2005 08:00 AM **DOCUMENT # P01000014965 Secretary of State** 1. Entity Name PUBLIC CLAIMS ADJUSTERS & ASSOCIATES, INC. Principal Place of Business Mailing Address 1950 1ST AVE N PO BOX 15489 ST PETERSBURG, FL 33733 ST PETERSBURG, FL 33713 02102005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3643704 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PAYNE, TROY DO NOT WRITE 1950 1ST AVE N ST PETERSBURG, FL 33713 IN THIS SPACE 3. 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PAYNE, D. TROY NAME 1950 1ST AVE N STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 33713 U00000261756 03/14/05-80022-020 150.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 place 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 or garden empowered.

OFFICER OR DIRECTOR