2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 06, 2008 8:00 am Secretary of State

727 823 3955 Daytime Phone *

Price of Business	DOCUMENT # P01000014965 1. Entity Name PUBLIC CLAIMS ADJUSTERS & ASSOCIATES, INC.								03-06-2008	90050 ()35 ***15	50.00
Suite, Apt. 4, etc.	1950 1ST AVE N 1990 CENTRAL AVE PO BOX 15489 ST PETERSBURG, FL 33733							1 14 6 (18 61 11)		# ## #################################	BIN (BIII Č ŠII) BI G	
City & State	Principal Place of Business - No P.O. Box # 3. Mailing Address					· · · · · · · · · · · · · · · · · · ·						
Zip Country Zip Country 5. Certificate of Status Desired 58.75 Additional Fee Required 58.				Suite, Apt. #, etc.				02192008	Chg-P	CR2E	34 (12/06)	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City FL Zip Code City City FL Zip Code City FL Zip Code City City												
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL				<u> </u>							Fee Require	
HALSTEAD, LARRY PALSTEAD, LARRY Signal Andrews PALSTEAD, LARRY SIRET ANDRES OITY-ST-2P TILE TIL		6. Name	and Address of Current	Registered Agent		Meld		7. Name and	Address of New R	egistered .	Agent	
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or born, in the State of Forda. I am familiar with, and accept the collegations of registered agent. SIGNATURE Signature types of present area of registered agent area of registered agent area of registered agent area of registered agent. NOTE Registered Agent signature requires registered agent, or born, in the State of Forda. I am familiar with, and accept the collegations of registered agent.	1950 1ST AVEN 1990 Central AVC						ddress (F	P.O. Box Numbe	er is Not Acceptable	2)		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature injuried or printed name of registered agent and still it appealable NoTE Registered Agent signature required Agent si	OFFLICE	ODUNO, i	FE 337 IA.			City					7in Cod	_
the obligations of registered agent. Signature: Signature Signature hybrid or printed married child applicable (NOTE Registered Agent agenture required enno renealising) DATE	<u> </u>		•			ļ ´					• ' ' ' '	
SIGNATURE Signature Signa	The above the obligat	named entity ions of regist	y submits this statement fo tered agent.	r the purpose of changing its	s registere	ed office or	registere	ed agent, or bot	h, in the State of Flo	rida. I am	familiar with,	and accept
After May 1, 2008 Fee will be \$55.0.00 After May 1, 2008 Fee will be \$55.0.00 Trust Fund Contribution	_		-									
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P	SIGNATURE_	Signature, typed	or printed name of registered agent	and title if applicable (NO	TE: Registere	d Agent signati	re required	when reinstating)		DATE		
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	After Ma 10. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALSTEA 1950 1ST ST PETER	OFFICERS AND OFFICERS AND AD, LARRY AVE N RSBURG, FL 33713	Trust Fund Con DIRECTORS Delete Delete Delete Delete Delete	11. TITLE NAME STRE CITY.	E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	LAA 199 St'	ADDITIONS/	LSKend als Ave burg, Fl	33	Change Change Change	Addition Addition Addition Addition