


FILED
Jun 09, 2004 8:00 am
Secretary of State


05-10-2004 90481 046 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000003717

1. Entity Name
 R D ADJUSTING, INC.

 **Robert R. Drago**
 PO Box 740864
 Boynton Beach, FL 33474-0864



66427499

Principal Place of Business: 8496 LOGIA CIR. BOYNTON BCH, FL 33437
 Mailing Address: 8496 LOGIA CIR. BOYNTON BCH, FL 33437

*4320 PEAR TREE CIRCLE ← SAME
 BOYNTON BEACH FL 33436*

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02242004 No Chg-P CR2E034 (10/03)

4. FEI Number: 01-0587123 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRAGO, ROBERT
~~8496 LOGIA CIR. BOYNTON BCH, FL 33437~~
*4320 PEAR TREE CIRCLE
 BOYNTON BCH, FL 33436*

 **Robert R. Drago**
 PO Box 740864
 Boynton Beach, FL 33474-0864


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8. 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: *Robert R. Drago* (NOTE: Registered Agent signature required when reissuing)
 DATE: *June 3-04*

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.  **Robert R. Drago**
 PO Box 740864
 Boynton Beach, FL 33474-0864

TITLE	D
NAME	DRAGO, ROBERT
STREET ADDRESS	8496 LOGIA CIR.
CITY-ST-ZIP	BOYNTON BCH, FL 33437
TITLE	DRAGO, Robert
NAME	
STREET ADDRESS	4320 PEAR TREE CIRCLE
CITY-ST-ZIP	BOYNTON BCH FL 33436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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.

SIGNATURE: *Robert R. Drago* **Robert R. DRAGO** DATE: *MAY 7-04* 954-484-6880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #