

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90253 002 \*\*\*150.00

**DOCUMENT # P02000050695**

1. Entity Name

**NATIONAL ADJUSTMENT & APPRAISAL SERVICES,  
INC.**



Principal Place of Business

**4081 N FEDERAL WAY STE #130  
100-C  
POMPANO BEACH FL 33064**

Mailing Address

**4081 N FEDERAL WAY STE #130  
100-C  
POMPANO BEACH FL 33064**

24036010



MOORE

CR2E034 (11/03)

2. Principal Place of Business

**4081 N. FEDERAL Hwy**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**100-C**

Suite, Apt. #, etc.

**SAME**

City & State

**Pompano Beach FL**

City & State

**SAME**

Zip

**33064**

Country

**BRW**

Zip

**33064**

Country

**BRW**

4. FEI Number

**37-1428643**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMATO, JEANNE  
4081 N FEDERAL WAY STE #130  
POMPANO BEACH FL 33064**

Name

Street Address (P.O. Box Number is Not Acceptable)

**4081 N FEDERAL Hwy 100-C**

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **AMATO, JEANNE**  
STREET ADDRESS **4081 N. FEDERAL WAY STE 100-C**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 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 any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-04 404-185-2400