

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000115375

Entity Name: ADVOCATE CLAIM SERVICE, INC.

FILED  
Jun 25, 2009  
Secretary of State

## Current Principal Place of Business:

9900 W. SAMPLE ROAD  
SUITE #317  
CORAL SPRINGS, FL 33065

## New Principal Place of Business:

## Current Mailing Address:

9900 W. SAMPLE ROAD  
SUITE #317  
CORAL SPRINGS, FL 33065

## New Mailing Address:

FEI Number: 06-1656448

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VENOOK, STEVEN D  
9900 W. SAMPLE ROAD  
SUITE #317  
CORAL SPRINGS, FL 33065 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: VENOOK, STEVEN  
Address: 9900 W. SAMPLE ROAD, SUITE #317  
City-St-Zip: CORAL SPRINGS, FL 33065 BR

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEVEN VENOOK

PRES

06/25/2009

Electronic Signature of Signing Officer or Director

Date

P02000115375

Advocate Claim Service, Inc.

Maximize Your Property Insurance Claim Settlement

AR FILED 6/25/09

Licensed Public Insurance Adjuster  
Via fax 850 245 6017 & regular mail

July 13, 2009

Division of Corporation  
Atten: Annual Report Section  
P.O. Box 6327  
Tallahassee, FL 32314

RE: P02000115375  
06-1656448

Dear Annual Report Section,

I am seeking a refund of the \$400.00 penalty for the late filing. The reason for the late filing is that I never received written notification from your department that my corporate filing was due; and did not see the check mark option on the internet filing to avoid the penalty. Your help in this matter would greatly be appreciated in this financially challenging time.

Please refund the penalty fee to Advocate Claim Service.

Sincerely,

Steven Venook, President

Advocate Claim Service, Inc.  
9900 West Sample Road #317  
Coral Springs, FL 33066

954 978 0886 tel  
954 978 9086 fax

P02000115375  
6-25-09

## FAX COVER SHEET

TO	Annual Rpt Section
COMPANY	Division of Corporations
FAX NUMBER	18502456017
FROM	Steven Venook
DATE	2009-07-13 18:33:43 GMT
RE	Refund Penalty for late filing

## COVER MESSAGE

July 13, 2009  
Division of Corporation  
Atten: Annual Report Section  
P.O. Box 6327  
Tallahassee, FL 32314  
RE: P02000115375  
06-1658448

Dear Annual Report Section,

I am seeking a refund of the \$400.00 penalty for the late filing. The reason for the late filing is that I never received written notification from your department that my corporate filing was due; and did not see the check mark option on the internet filing to avoid the penalty. Your help in this matter would greatly be appreciated in this financially challenging time.

Please refund the penalty fee to Advocate Claim Service.

Sincerely,

Steven Venook, President  
Advocate Claim Service, Inc.  
9900 West Sample Road #317  
Coral Springs, FL 33066  
954 978 0886 tel  
954 978 9086 fax