

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000097740

1. Entity Name

CENTRAL FLORIDA PUBLIC ADJUSTERS, INC.



Principal Place of Business

360 SUNCOAST BLVD
SPRING HILL FL 34608

Mailing Address

360 SUNCOAST BLVD
SPRING HILL FL 34608



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1334268

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

JABLON, JAMES
360 SUNCOAST BLVD
SPRING HILL FL 34608

7. Name and Address of New Registered Agent

Name

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

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 contesting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE	PD	☐ Delete
NAME	JABLON, JAMES	
STREET ADDRESS	360 SUNCOAST BLVD	
CITY- ST- ZIP	SPRING HILL FL 34608	
TITLE	VP	☐ Delete
NAME	SUYDAM, GEORGE	
STREET ADDRESS	13290 COOPER RD	
CITY- ST- ZIP	SPRING HILL FL 34609	
TITLE	T	☐ Delete
NAME	JABLON, TERRI	
STREET ADDRESS	360 SUNCOAST BLVD	
CITY- ST- ZIP	SPRING HILL FL 34608	
TITLE	S	☐ Delete
NAME	SUYDAM, LINDA	
STREET ADDRESS	13290 COOPER RD	
CITY- ST- ZIP	SPRING HILL FL 34609	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

U00000457288
03/16/06-80063-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Jenni Jablon* *TERRI JABLON* *Treasurer* *3-3-06*