

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90015 043 ***150.00

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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 - No P.O. Box #

13290 Cooper Road

Suite, Apt. #, etc.

3. Mailing Address

PO Box 3339

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/07)

City & State

Spring Hill FL

Zip

34609

Country

USA

City & State

Spring Hill FL

Zip

34611

Country

USA

4. FEI Number

20-1334268

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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 George Suydam

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

13290 Cooper Road

City Spring Hill

FL

Zip Code

34609

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)

3-19-08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 UP ☒ Change ☐ Addition
NAME JABLON, JAMES
STREET ADDRESS 4050 JASON ROAD
CITY-ST-ZIP SPRING HILL FL 34608

TITLE P.T.S. ☒ Change ☐ Addition
NAME George Suydam
STREET ADDRESS 13290 Cooper Road
CITY-ST-ZIP Spring Hill FL 34609

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

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-08

Date

Daytime Phone #