

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000160222

Entity Name: CLAIM SPECIALISTS, INC

FILED
Apr 25, 2009
Secretary of State

Current Principal Place of Business:

2466 SE DRAYTON ROAD
PORT ST LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

2466 SE DRAYTON ROAD
PORT ST LUCIE, FL 34952

New Mailing Address:

FEI Number: 20-1941133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASCIO, TONY
20 SW 5TH STREET
STUART, FL 34994 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KUGLER, CRAIG
Address: 2466 SE DRAYTON ROAD
City-St-Zip: PORT ST LUCIE, FL 34952

Title: V (X) Delete
Name: KUGLER, CAROLE
Address: 2466 SE DRAYTON ROAD
City-St-Zip: PORT ST LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CRAIG KUGLER

P

04/25/2009

Electronic Signature of Signing Officer or Director

Date