

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000021887

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Entity Name:** ALAMO CLAIM SERVICE, INC.

**Current Principal Place of Business:**

210 SOUTH PINELLAS AVENUE  
SUITE 152  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 782167  
SAN ANTONIO, TX 78278

**New Mailing Address:**

**FEI Number:** 20-2336627

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SERFASS, DAVID D  
49 CENTRAL COURT  
TARPON SPRINGS, FL 34689 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:** DP  
**Name:** SERFASS, DAVID D  
**Address:** 210 SOUTH PINELLAS AVENUE SUITE 152  
**City-St-Zip:** TARPON SPRINGS, FL 34689

**Title:** DVPS  
**Name:** LEE, THORLIN A  
**Address:** 210 SOUTH PINELLAS AVENUE SUITE 152  
**City-St-Zip:** TARPON SPRINGS, FL 34689

**Title:** DVPT  
**Name:** PERRINE, PETER E  
**Address:** 210 SOUTH PINELLAS AVENUE SUITE 152  
**City-St-Zip:** TARPON SPRINGS, FL 34689

I hereby 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 all other like empowered.

**SIGNATURE:** THORLIN LEE

VP

03/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date