

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Nov 06, 2008  
Secretary of State**

DOCUMENT# P05000052447

Entity Name: NPJA - NAPLES PUBLIC INSURANCE ADJUSTERS, INC

**Current Principal Place of Business:**

5970 GOLDEN OAKS LANE  
NAPLES, FL 34119

**New Principal Place of Business:**

1345 MARIPOSA CIR #104  
NAPLES, FL 34105

**Current Mailing Address:**

P.O. BOX 770801  
NAPLES, FL 34107

**New Mailing Address:**

FEI Number: 83-0437247      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RAMOS, ILEANA M  
5970 GOLDEN OAKS LANE  
NAPLES, FL 34119    US

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

RAMOS, ILEANA M  
1345 MARIPOSA CIR #104  
NAPLES, FL 34105    US

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: ILEANA M. RAMOS      11/06/2008  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: SCHOFIELD, DENNIS  
Address: 2018 NE 10TH PLACE  
City-St-Zip: CAPE CORAL, FL 33909

Title: VP      ( ) Delete  
Name: RAMOS, ILEANA M  
Address: 5970 GOLDEN OAKS LANE  
City-St-Zip: NAPLES, FL 34119

Title: SECC      ( ) Delete  
Name: LISSIA, LILI M  
Address: 5970 GOLDEN OAKS LANE  
City-St-Zip: NAPLES, FL 34119

Title: TRES      (X) Delete  
Name: LISSIA, GINA G  
Address: 5970 GOLDEN OAKS LANE  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES      (X) Change ( ) Addition  
Name: RAMOS, ILEANA M  
Address: 1345 MARIPOSA CIR #104  
City-St-Zip: NAPLES, FL 34105

Title: VP      (X) Change ( ) Addition  
Name: LISSIA, LILI M  
Address: 1345 MARIPOSA CIR #104  
City-St-Zip: NAPLES, FL 34105

Title: SECC      (X) Change ( ) Addition  
Name: LISSIA, GINA G  
Address: 1345 MARIPOSA CIR #104  
City-St-Zip: NAPLES, FL 34105

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: ILEANA M. RAMOS      PRES      11/06/2008  
Electronic Signature of Signing Officer or Director      Date