

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90050 018 ***150.00

DOCUMENT # P05000158109

1. Entity Name
PROPER CLAIMS ADJUSTING, INC.



Principal Place of Business
1240 BOCA CIEGA ISLE DRIVE
ST. PETE BEACH, FL 33706

Mailing Address
1240 BOCA CIEGA ISLE DRIVE
ST. PETE BEACH, FL 33706

40052859



01252007 Chg-P CR2E034 (12/06)

4. FEI Number
20-3977737

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAYES III, GEROGE L ESQ.
5959 CENTRAL AVENUE, SUITE #104
ST. PETERSBURG, FL 33710

7. Name and Address of New Registered Agent

Name GEORGE L. HAYES, III, ESQ
Street Address (P.O. Box Number is Not Acceptable)
4701 CENTRAL AVE, STE A
City ST. PETERSBURG FL Zip Code 33713

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 translating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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VALENTINE, ALICE
1240 BOCA CIEGA ISLE DRIVE
ST. PETE BEACH, FL 33706 ☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

(ALICE A. VALENTINE)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/07
Date

(727) 743-1711
Daytime Phone #