

2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/5

FILED
May 10, 2007 8:00 am
Secretary of State

04-09-2007 90062 040 ***150.00

DOCUMENT # P06000058815					
1. Entity Name CROWLEY PUBLIC ADJUSTERS, INC.					
Principal Place of Business 12972 SW 87TH AVE MIAMI, FL 33176			Mailing Address 12972 SW 87TH AVE MIAMI, FL 33176		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01242007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number	
Zip		Country		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent	
CROWLEY, FRANCIS M 12972 SW 87TH AVE MIAMI, FL 33176				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	D CROWLEY, FRANCIS M 12972 SW 87TH AVE MIAMI, FL 33176 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Francis M. Crowley Jr.</i> 3/26/07 Daytime Phone # _____					

ATTACHMENT

6601481
#P0600058815

May 8, 2007

To: Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Crowley Public Adjusters, Inc.
12972 SW 87th AVE
Miami, FL 33176

Reference #: P0600058815

To Whom It May Concern:

I apologize for incorrectly filling out the application. Crowley Public Adjusters, Inc. has not yet applied for a FEI number because we have not done any business as of yet. We would like to keep the registration open so that we may apply for a FEI number in the future. Sorry again and thank you for your time.

Frank Crowley