2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# P06000108889

Entity Name: CLAIMS ADJUSTING AND SPECIALTY SERVICES, INC.

Current Principal Place of Business:

4025 TAMPA ROAD
SUITE 1201
OLDSMAR, FL 34677

New Principal Place of Business:

712 HARBOR CIRCLE
PALM HARBOR, FL 34683

Current Mailing Address:

PO BOX 117
OLDSMAR, FL 34677

New Mailing Address:

PO BOX 833
PALM HARBOR, FL 34682

FEI Number: 20-5429851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REILLY, LEANN
712 HARBOR CIRCLE
PALM HARBOR, FL 34683 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GAGAIN, EDWARD F JR.
Address: 5504 DALYS WAY
City-St-Zip: VALRICO, FL 33594

Title: V ( ) Delete
Name: HARTMAN, TIMOTHY K
Address: PO BOX 763
City-St-Zip: HERNANDO, FL 34442

Title: ST (X) Delete
Name: REILLY, LEANN
Address: 712 HARBOR CIRCLE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HARTMAN, SUSAN A
Address: 5083 E PARSONS PT RD
City-St-Zip: HERNANDO, FL 34442

Title: ST (X) Change ( ) Addition
Name: REILLY, LEANN
Address: 712 HARBOR CIRCLE
City-St-Zip: PALM HARBOR, FL 34683

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: LEANN REILLY ST 02/11/2009

Electronic Signature of Signing Officer or Director Date