

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000108889

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** CLAIMS ADJUSTING AND SPECIALTY SERVICES, INC.

**Current Principal Place of Business:**

712 HARBOR CIRCLE  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 763  
HERNANDO, FL 34442

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

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

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

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: LEANN REILLY

ST

04/26/2012

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

\_\_\_\_\_  
Date