

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000151000

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Entity Name:** THE PUBLIC ADJUSTERS INC.

**Current Principal Place of Business:**

21328 LAKE VIENNA DRIVE  
LAND O LAKES, FL 34638

**New Principal Place of Business:**

711. S HOWARD AVE  
200  
TAMPA, FL 33606

**Current Mailing Address:**

21328 LAKE VIENNA DRIVE  
LAND O LAKES, FL 34638

**New Mailing Address:**

711. S HOWARD AVE  
200  
TAMPA, FL 33606

**FEI Number:** 26-1649895

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DELO, JANE N S  
501 KNIGHTS RUN AVE  
2203  
TAMPA, FL 33602 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: S  
Name: DELO, JANE N  
Address: 501 KNIGHTS RUN AVE 2203  
City-St-Zip: TAMPA, FL 33602

Title: P  
Name: DELO, RONALD F  
Address: 21328 LAKE VIENNA DRIVE  
City-St-Zip: LAND O LAKES, FL 34638

Title: VP  
Name: BROWNE, KENNETH  
Address: 19 VILLAGE DR  
City-St-Zip: MONTVILLE, NJ 07045

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: JANE NOEL DELO

S

01/25/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date