

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000053733

FILED
Apr 22, 2008
Secretary of State

Entity Name: 1ST RESPONSE ADJUSTERS, P.A.

Current Principal Place of Business:

4 MACAW LANE
KEY WEST, FL 33040 US

New Principal Place of Business:

270 AVE F
KEY WEST, FL 33040 US

Current Mailing Address:

4 MACAW LANE
KEY WEST, FL 33040 US

New Mailing Address:

PO BOX 2376
KEY WEST, FL 33045 US

FEI Number: 26-0381137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOR, CINDY LOU
4 MACAW LANE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

THOR, CINDY LOU
270 AVE F
KEY WEST, FL 33040 US

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:

04/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: THOR, CINDY LOU
Address: 4 MACAW LANE
City-St-Zip: KEY WEST, FL 33040 US

Title: D () Delete
Name: THOR, CINDY LOU
Address: 4 MACAW LANE
City-St-Zip: KEY WEST, FL 33040 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: THOR, CINDY LOU
Address: 270 AVE F
City-St-Zip: KEY WEST, FL 33040 US

Title: D (X) Change () Addition
Name: THOR, CINDY LOU
Address: 270 AVE F
City-St-Zip: KEY WEST, FL 33040 US

Title: V () Change (X) Addition
Name: WILLIAMS, LEYSHON J II
Address: 270 AVE F
City-St-Zip: KEY WEST, FL 33040 US

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: CINDY LOU THOR

P

04/22/2008

Electronic Signature of Signing Officer or Director

Date