

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000104469

**FILED**  
**May 04, 2011**  
**Secretary of State**

**Entity Name:** FIRST SOUTHERN INSURANCE ADJUSTERS INC

**Current Principal Place of Business:**

11136 SAGE THRASHER AVE  
BROOKSVILLE, FL 34614 US

**New Principal Place of Business:**

**Current Mailing Address:**

11136 SAGE THRASHER AVE  
BROOKSVILLE, FL 34614 US

**New Mailing Address:**

FEI Number: 26-1104323

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POTTER, BILLIE PS  
11136 SAGE THRASHER AVE  
BROOKSVILLE, FL 34614 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: PS  
Name: POTTER, BILLIE  
Address: 11136 SAGE THRASHER AVE  
City-St-Zip: BROOKSVILLE, FL 34614 US

Title: VPT  
Name: POTTER, MARTHA L  
Address: 11136 SAGE THRASHER AVE  
City-St-Zip: BROOKSVILLE, FL 34614 US

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: BILLIE POTTER

PS

05/04/2011

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

\_\_\_\_\_ Date