2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2012
Secretary of State

DOCUMENT# P08000027383

Entity Name: HOFFMAN AND ASSOCIATES CLAIM SERVICES INC.

Current Principal Place of Business:

2247 CITRUS BLVD. SUITE 332
LEESBURG, FL 34748 US

New Principal Place of Business:

Current Mailing Address:

2247 CITRUS BLVD. SUITE 332
LEESBURG, FL 34748 US

New Mailing Address:

P.O. BOX 490991
LEESBURG, FL 34749 US

FEI Number: 26-2194607 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A-100
TAMPA, FL 33612 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: PRES
Name: HOFFMAN, LAURA P
Address: 2247 CITRUS BLVD. SUITE 332
City-St-Zip: LEESBURG, FL 34748 US

Title: TRES
Name: HOFFMAN, LAURA P
Address: 2247 CITRUS BLVD. SUITE 332
City-St-Zip: LEESBURG, FL 34748 US

Title: SEC
Name: HOFFMAN, LAURA P
Address: 2247 CITRUS BLVD. SUITE 332
City-St-Zip: LEESBURG, FL 34748 US

Title: DIR
Name: HOFFMAN, LAURA P
Address: 2247 CITRUS BLVD. SUITE 332
City-St-Zip: LEESBURG, FL 34748 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: LAURA P. HOFFMAN PRES 03/05/2012

Electronic Signature of Signing Officer or Director — Date