

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000002192

FILED  
Mar 04, 2010  
Secretary of State

**Entity Name:** PUBLIC ADJUSTER CLAIM SERVICES, INC.

**Current Principal Place of Business:**

2924 DAVIE RD.  
SUITE 202  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

2924 DAVIE RD.  
SUITE 202  
DAVIE, FL 33314

**New Mailing Address:**

**FEI Number:** 80-0424562      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

JOHNSON, DOUGLAS P  
2924 DAVIE RD.  
SUITE 202  
DAVIE, FL 33314 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P,  
Name: JOHNSON, DOUGLAS P  
Address: 2924 DAVIE RD.  
City-St-Zip: DAVIE, FL 33314

Title: VP  
Name: MOSKOWITZ, LARRY  
Address: 2924 DAVIE RD.  
City-St-Zip: DAVIE,, FL 33314

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: DOUGLAS P. JOHNSON

PRES

03/04/2010

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

\_\_\_\_\_ Date