

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000084688

**FILED**  
**Feb 14, 2011**  
**Secretary of State**

**Entity Name:** ACCURATE INSURANCE CLAIM SERVICES, INC.

**Current Principal Place of Business:**

6286 LAUDERDALE STREET  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

6286 LAUDERDALE STREET  
JUPITER, FL 33458

**New Mailing Address:**

FEI Number: 27-0965552

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FEEHRER, ROBERT  
6286 LAUDERDALE STREET  
JUPITER, FL 33458 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: D  
Name: FEEHRER, ROBERT  
Address: 6286 LAUDERDALE STREET  
City-St-Zip: JUPITER, FL 33458

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: ROBERT M FEEHRER

PRES

02/14/2011

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

\_\_\_\_\_ Date