2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2012
Secretary of State

DOCUMENT# P11000086474

Entity Name: WMC INSURANCE ADJUSTER, INC.

Current Principal Place of Business:

14140 SE US HWY 441
#46
SUMMERFIELD, FL 34491

New Principal Place of Business:

Current Mailing Address:

PO BOX 971
SUMMERFIELD, FL 34492

New Mailing Address:

FEI Number: 45-3507579 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CITRONE, WILLIAM M
14140 SE US HWY 441
#46
SUMMERFIELD, FL 34491 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: P
Name: CITRONE, WILLIAM M
Address: 14140 SE US HWY 441, STE #46
City-St-Zip: SUMMERFIELD, FL 34491

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: WILLIAM M. CITRONE PRES 04/19/2012

Electronic Signature of Signing Officer or Director — Date