


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 23, 2004 08:00 AM  
Secretary of State

|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                |                                 |                                                                                                                                  |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| DOCUMENT # P40967                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |                                 |                                                                                                                                  |  |  |
| 1. Entity Name<br>LOFTUS ADJUSTMENT SERVICE, INC.                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |                                 |                                                                                                                                  |                                                                                   |  |
| Principal Place of Business<br>1 CHERRY HILL<br>630<br>CHERRY HILL NJ 08002<br>US                                                                                                                                                                                                                                                                                                                                                                  |                                                                |                                 | Mailing Address<br>1 CHERRY HILL<br>630<br>CHERRY HILL NJ 08002<br>US                                                            |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                |                                 | 3. Mailing Address                                                                                                               |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                 | Suite, Apt. #, etc.                                                                                                              |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                |                                 | City & State                                                                                                                     |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                | Country                                                        | Zip                             | Country                                                                                                                          | 4. FEI Number<br>23-2588106                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                |                                 |                                                                                                                                  | Applied For<br>Not Applicable                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                          |                                                                |                                 |                                                                                                                                  | \$8.75 Additional Fee Required                                                    |  |
| 6. Name and Address of Current Registered Agent<br><br>LOFTUS, FRANK J.<br>2315 THIXTON CT.<br>TAMPA FL 33629                                                                                                                                                                                                                                                                                                                                      |                                                                |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                                   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE <u>FRANK J. LOFTUS</u> DATE <u>2/17/04</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |                                                                |                                 |                                                                                                                                  |                                                                                   |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                         |                                                                |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                  |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                            |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                 | DC<br>LOFTUS, FRANK J.<br>3 OAKWOOD PLACE<br>VOORHEES NJ       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | U000000062291<br>02/23/04-80115-015 150.00                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                 | DVP<br>IORIO, JOHN DI<br>5 BATES COURT<br>SEWELL NJ            | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                 | DST<br>LOFTUS, MARIA A.<br>410 JAMAICA DR.<br>CHERRY HILL NJ   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                 | P<br>LOFTUS, FRANK J.<br>10 GREENBRIAR CT.<br>VOORHEES NJ 0843 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FRANK J. LOFTUS PRES 2/17/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



MOORE CR2E034 (11/03)