2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# P93000049307

Entity Name: FLORIDA ASSOCIATED ADJUSTERS, INC.

Current Principal Place of Business:

4604 ATLANTIC BLVD.
SUITE 3
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4604 ATLANTIC BLVD.
SUITE 3
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3199248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUSS, LARIE E
4604 ATLANTIC BLVD.
SUITE 3
JACKSONVILLE, FL 32207 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:	DVP	( ) Delete
Name:	CURLEY, JOHN J	
Address:	4604 ATLANTIC BLVD., #3	
City-St-Zip:	JACKSONVILLE, FL	
Title:	D	( ) Delete
Name:	DARNELL, FRANKLIN	
Address:	4604 ATLANTIC BLVD., #3	
City-St-Zip:	ATLANTIC BCH., FL	
Title:	D	( ) Delete
Name:	RIGGS, ROBERT	
Address:	4604 ATLANTIC BLVD., #3	
City-St-Zip:	JACKSONVILLE, FL	
Title:	DST	( ) Delete
Name:	RILEY, WILLIAM E	
Address:	4604 ATLANTIC BLVD., #3	
City-St-Zip:	JACKSONVILLE, FL	
Title:	DP	( ) Delete
Name:	RUSS, LARIE E	
Address:	4604 ATLANTIC BLVD., #3	
City-St-Zip:	JACKSONVILLE, FL	
Title:	D	( ) Delete
Name:	SAVAGE, JOSEPH	
Address:	4604 ATLANTIC BLVD., #3	
City-St-Zip:	JACKSONVILLE, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LARIE E. RUSS DP 04/27/2006

Electronic Signature of Signing Officer or Director — Date