

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000049307**

1. Entity Name  
**FLORIDA ASSOCIATED ADJUSTERS, INC.**



Principal Place of Business  
**4604 ATLANTIC BLVD.  
SUITE 3  
JACKSONVILLE, FL 32207**

Mailing Address  
**4604 ATLANTIC BLVD.  
SUITE 3  
JACKSONVILLE, FL 32207**



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3199248**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**RUSS, LARIE E  
4604 ATLANTIC BLVD.  
SUITE 3  
JACKSONVILLE, FL 32207**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DVP
NAME	CURLEY, JOHN J
STREET ADDRESS	4604 ATLANTIC BLVD., #3
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	DARNELL, FRANKLIN
STREET ADDRESS	4604 ATLANTIC BLVD., #3
CITY-ST-ZIP	ATLANTIC BCH., FL
TITLE	D
NAME	RIGGS, ROBERT
STREET ADDRESS	4604 ATLANTIC BLVD., #3
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	DST
NAME	RILEY, WILLIAM E
STREET ADDRESS	4604 ATLANTIC BLVD., #3
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	DP
NAME	RUSS, LARIE E
STREET ADDRESS	4604 ATLANTIC BLVD., #3
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	SAVAGE, JOSEPH
STREET ADDRESS	4604 ATLANTIC BLVD., #3
CITY-ST-ZIP	JACKSONVILLE, FL

U000000654596  
03/13/07-80069-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Larrie E. Russ*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-07

Date

904-96-0361

Daytime Phone #