

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000049307

FILED
Jan 22, 2008
Secretary of State

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 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

PRES

01/22/2008

Electronic Signature of Signing Officer or Director

Date