

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000053480

FILED
Feb 19, 2005
Secretary of State

Entity Name: P&C ADJUSTMENT SERVICES, INC.

Current Principal Place of Business:

102 STIRRUP LN
ROYAL PALM BEACH, FL 33411 US

New Principal Place of Business:

9123 N. MILITARYTRAIL
SUITE 106
PALM BEACH GARDENS, FL 33410 US

Current Mailing Address:

1128 ROYAL PALM BEACH BLVD
PMB 278
ROYAL PALM BEACH, FL 33411 US

New Mailing Address:

9123 N. MILITARY TRAIL
SUITE 106
PALM BEACH GARDENS, FL 33410 US

FEI Number: 65-0594562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OWEN, JON P
102 STIRRUP LANE
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

OWEN, JON P
11654 HACKBERRY ST.
PALM BEACH GARDENS, FL 33410 US

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:

02/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OWEN, JON P
Address: 102 STIRRUP LN
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: ST () Delete
Name: OWEN, LISA C
Address: 102 STIRRUP LN
City-St-Zip: ROYAL PLAM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OWEN, JON P
Address: 11654 HACKBERRY ST.
City-St-Zip: PALM BEACH GARDENS, FL 33411

Title: ST (X) Change () Addition
Name: OWEN, LISA C
Address: 11654 HACKBERRY ST.
City-St-Zip: PLAM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JON PATRICK OWEN

PRES

02/19/2005

Electronic Signature of Signing Officer or Director

Date