2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: HARE & ASSOCIATES CLAIMS SERVICE, INC.

Current Principal Place of Business:

2949 CHRISTOPHER CREEK ROAD NORTH
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 24744
JACKSONVILLE, FL 32241

New Mailing Address:

FEI Number: 59-3348803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARE, ROBERT W SR
2949 CHRISTOPHER CREEK ROAD NORTH
JACKSONVILLE, FL 32217 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

OFFICERS AND DIRECTORS:

Title: PD
Name: HARE, ROBERT W SR.
Address: 2949 CHRISTOPHER CRK RD N
City-St-Zip: JACKSONVILLE, FL 32217

Title: STD
Name: HARE, PAMELA J
Address: 2949 CHRISTOPHER CRK RD N
City-St-Zip: JACKSONVILLE, FL 32217

I hereby 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 all other like empowered.

SIGNATURE: PAMELA J HARE STD 04/22/2011

Electronic Signature of Signing Officer or Director Date