2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2007 08:00 AN Secretary of State

DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE 127700 No City P CR25034 (11/05) 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	1. Entity Name FRONTIER ADJUSTERS OF DAYTONA BEACH, INC.						
DO NOT WRITE IN THIS SPACE 101272007 No Chg.P CR2E034 (11/05) 4. FUNNISHER SPACES 59-3415532	4017 CALUS	A LANE	POST OFFICE BOX 10343	. <u></u> . \ .			
BOWER, SUSAN K 4017 CALUSA LANE ORMOND BEACH, FL 32174 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florice. I am familier with, and accept the obligations or registered agent. SIGNATURE SIGNATURE FILE NOWIS FEE 13 5150.00 After May 1, 2007 Fee will be \$550.00 After May 1, 2007 Fee will be \$550.00 After May 1, 2007 Fee will be \$550.00 ORMOND BEACH, FL 32174 DIT STD WARE SIRET ADDRES ONY-ST-2P ORMOND BEACH, FL 32174 DIT HILE HAME SIRET ADDRES ONY-ST-2P ORMOND BEACH, FL 32174 DIT HILE HAME SIRET ADDRES ONY-ST-2P ORMOND BEACH, FL 32174 DIT HAME SIRET ADDRES ONY-ST-2P ORMOND BEACH, FL 32174 DIT HAME SIRET ADDRES ONY-ST-2P HILE HAME SIRET ADDRESS ONY-ST-2P HILE HAME SIRET ADRESS ONY-ST-2P HILE HAME SIRET ADDRESS ONY-ST-2P HILE HAME SIRE					01272007 No Chg-P CR2E034 (11/05) 4. FEI Number	sle e	
the colligations of registered agent. SIGNATURE SIGNATURE SOURCE, hydror pressod more of registered agent and the flaspecable. PILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 After May 1, 2007 Fee will be \$550.00 TO. OFFICERS AND DIRECTORS INST BOUVER, BRIAN M SIREH ADDRESS GIY-ST-2P ORMOND BEACH, FL 32174 INE STD MAKE BOVVER, SUSAN K SIREH ADDRESS GIY-ST-2P ORMOND BEACH, FL 32174 INE NAME SIREH ADDRESS GIY-ST-2P INITE INIT INITE INIT INITE INITE INITE INITE INITE INITE INITE INITE INITE	BOWER, SUSAN K 4017 CALUSA LANE				IN THIS SPACE		
After May 1, 2007 Fee will be \$550.00 frust Fund Contribution. Added to Fees 04/64/07-80078-003 150. TO.	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 accopt the obligations of registered agent. SIGNATURE SIGNATURE						
THE NAME STRET ADDRESS CITY-ST-2P CRMOND BEACH, FL 32174 TITLE STD BOWER, SUSAN K STRET ADDRESS CITY-ST-2P CRMOND BEACH, FL 32174 TITLE NAME STRET ADDRESS CITY-ST-2P CRMOND BEACH, FL 32174 TITLE NAME STRET ADDRESS CITY-ST-2P CRMOND BEACH, FL 32174 TITLE NAME STRET ADDRESS CITY-ST-2P CRMOND BEACH, FL 32174 TITLE NAME STRET ADDRESS CITY-ST-2P CRMOND BEACH, FL 32174 TITLE NAME STRET ADDRESS CITY-ST-2P CRMOND BEACH, FL 32174 TITLE NAME STRET ADDRESS CITY-ST-2P CRMOND BEACH, FL 32174 TITLE NAME STRET ADDRESS CITY-ST-2P CRMOND STRETA ADDRESS	LIFE MOMENT LEE 19 \$100'00				5.00 May Be 110110011582245 1ded to Fees 04/04/07-80078-003 150.00		
INLE NAME STREET ADDRESS CITY-ST-ZIP INLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or suppliemental 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 sustee 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.	TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP FILE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD BOWER, BRIAN M 4017 CALUSA LANE ORMOND BEACH, FL 32174 STD BOWER, SUSAN K 4017 CALUSA LANE	CTORS			- The second of the formation of the for	
of the corporation of the receiver or gustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 of Block 11 if changed, or on an attachment with an address, with all other like empowered.	TITLE NAME STREET ADDRESS CITY-ST-JIP TITLE NAME STREET ADDRESS CITY-ST-JIP 12. Intereby C	l an this ranget or numelomantal ranget is trup	end accurate and that my signature	re chall haus the t	so same lenal effect as it made under oath: that I am an officer of directo	1F }	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIER OR DIRECTOR DAME OF SIGNING OFFICIER OR DAME OF							