

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000086289

Entity Name: PREMIER ADJUSTING SERVICES, INC.

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

157 STEVENS AVE
OLDSMAR, FL 346772916 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1672
OLDSMAR, FL 34677 US

New Mailing Address:

FEI Number: 59-3472462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARIES, DAVID LOUIS
16304 COLWOOD DR
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

MARIES, DAVID L PD
16304 COLWOOD DR
ODESSA, FL 33556 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: DAVID L. MARIES

03/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARIES, DAVID LOUIS
Address: 16304 COLWOOD DR
City-St-Zip: ODESSA, FL 33556

Title: STD () Delete
Name: BRINLEE, JAMES D
Address: 6950 GRAND BLVD.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: AUGER, BRIAN A
Address: 15122 ARBOR HOLLOW DRIVE
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: RICH, MATTHEW
Address: 3102 SEAN WAY
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: BRINLEE, JAMES D
Address: 904 BAYSHORE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

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: DAVID L. MARIES

PD

03/20/2009

Electronic Signature of Signing Officer or Director

Date