

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

|                                                        |                                                                                   |
|--------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P98000078111</b>                         |  |
| 1. Entity Name<br><b>A. J. ALTIERI ADJUSTERS, INC.</b> |                                                                                   |

|                                                                                |                                                                    |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Principal Place of Business<br><b>4515 LACE CASCADE CT.<br/>LUTZ, FL 33558</b> | Mailing Address<br><b>4515 LACE CASCADE CT.<br/>LUTZ, FL 33558</b> |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|



04172004 No Chg-P CR2E034 (10/03)

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|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-3533084</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |                                                        |

|                                                                                                                              |  |
|------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br><b>ALTIERI, ANDREW J<br/>4515 LACE CASCADE CT.<br/>LUTZ, FL 33558</b> |  |
|------------------------------------------------------------------------------------------------------------------------------|--|

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8. 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 accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

| 10. OFFICERS AND DIRECTORS                         |                                                                             |
|----------------------------------------------------|-----------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>ALTIERI, ANDREW J<br/>4515 LACE CASCADE CT.<br/>LUTZ, FL 33558</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                             |

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04/22/04-80072-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Andrew J. Altieri** **4/17/04** **813-625-1042**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #