

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000016230

**Entity Name:** ADJUSTER 4 U INC

**Current Principal Place of Business:**

722 ARBOR LAKES CIRCLE  
SANFORD, FL 32771

**Current Mailing Address:**

PO BOX 956  
SANFORD, FL 32772 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BARR, A'MARI A  
722 ARBOR LAKES CIRCLE  
SANFORD, FL 32771 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title VP  
Name CAMPBELL, APRYL DYMOND  
Address 722 ARBOR LAKES CIRCLE  
City-State-Zip: SANFORD 32771

Title VP  
Name BARR, AMARI  
Address 722 ARBOR LAKES CIRCLE  
City-State-Zip: SANFORD FL 32771

Title P  
Name CAMPBELL, APRYL D  
Address 722 ARBOR LAKES CIRCLE  
City-State-Zip: SANFORD FL 32771

Title VP  
Name BARR, AMARI  
Address 722 ARBOR LAKES CIRCLE  
City-State-Zip: SANFORD FL 32771

Title VP  
Name BARR, AMARI  
Address 722 ARBOR LAKES CIRCLE  
City-State-Zip: SANFORD FL 32771

Title VP  
Name BARR, AMARI  
Address 722 ARBOR LAKES CIRCLE  
City-State-Zip: SANFORD FL 32771

*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:** APRYL CAMPBELL

**OWNER**

**03/25/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date