

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 236543

Entity Name: ALL RISK MANAGEMENT INSURANCE SERVICES, INC.

Current Principal Place of Business:

2426 E ROBINSON ST
ORLANDO, FL 32803

Current Mailing Address:

PO BOX 531064
ORLANDO, FL 32853-1064 US

FEI Number: 59-0901351

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STAHL, JEFFREY GPRES
2426 E ROBINSON ST
ORLANDO, FL 32803 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 P
Name STAHL, JEFFREY G
Address 2503 DRIFTWOOD DR
City-State-Zip: FERN PARK FL 32730

Title CEO
Name STAHL, LOWELL J
Address 1135 LAMAR AVE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title T
Name STAHL, DENISE C
Address 1135 LAMAR AVE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title S
Name STAHL, SHEILA C
Address 2503 DRIFTWOOD DR
City-State-Zip: FERN PARK FL 32730

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: JEFFREY G STAHL

PRES

04/06/2015

Electronic Signature of Signing Officer/Director Detail

Date