

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 236543

1. Entity Name
ALL RISK MANAGEMENT INSURANCE SERVICES, INC.



Principal Place of Business
**2426 E ROBINSON ST
P.O. BOX 531064
ORLANDO, FL 32853-1064 US**

Mailing Address
**2426 E ROBINSON ST
P.O. BOX 531064
ORLANDO, FL 32853-1064 US**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0901351

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STAHL, JEFFREY G
2426 E ROBINSON ST
ORLANDO, FL 32803**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

U000000827878
02/22/08-80008-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STAHL, JEFFERY G
STREET ADDRESS	2503 DRIFTWOOD DRIVE
CITY-ST-ZIP	FERN PARK, FL 32730
TITLE	CEO
NAME	STAHL, LOWELL J
STREET ADDRESS	1135 LAMAR AVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	T
NAME	STAHL, DENISE C
STREET ADDRESS	1135 LAMAR AVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	S
NAME	STAHL, SHEILA C
STREET ADDRESS	2503 DRIFTWOOD DR
CITY-ST-ZIP	FERN PARK, FL 32730
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-894-0447