

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 381564

FILED  
Apr 01, 2010  
Secretary of State

**Entity Name:** COMMERCIAL RISK MANAGEMENT, INC.

**Current Principal Place of Business:**

5100 W KENNEDY BLVD  
SUITE 325  
TAMPA, FL 33609 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 18366  
TAMPA, FL 336798366 US

**New Mailing Address:**

**FEI Number:** 59-1346411

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THEIS, SUSAN E  
5100 W KENNEDY BLVD  
SUITE 325  
TAMPA, FL 33609 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** CEOP  
**Name:** THEIS, SUSAN E  
**Address:** 5100 W KENNEDY BLVD, SUITE 325  
**City-St-Zip:** TAMPA, FL 33609

**Title:** AS  
**Name:** ANDERSON, SHARON L.  
**Address:** 5100 W KENNEDY BLVD, SUITE 325  
**City-St-Zip:** TAMPA, FL 33609

**Title:** V  
**Name:** WIDMER, ROBERT F  
**Address:** 5100 W KENNEDY BLVD, SUITE 325  
**City-St-Zip:** TAMPA, FL 33609

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:** SUSAN E. THEIS

CEOP

04/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date