

2007 FOR PROFIT CORPORATION ANNUAL REPORT

11/3

DOCUMENT # 616873

1. Entity Name
FLORIDA RISK SPECIALISTS, INC.



Principal Place of Business
100 NORTH TAMPA ST
SUITE 1840
TAMPA, FL 33602 US

Mailing Address
70 PINE STREET
ATTN E M TUCK
NEW YORK, NY 10270 US

FILED
07 APR 26 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04242007 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-1910246

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE, FL 32301

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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 _____
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, 2007 Fee will be \$550.00**

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

See attached

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	TUCK, ELIZABETH M
STREET ADDRESS	70 PINE ST
CITY-ST-ZIP	NEW YORK, NY
TITLE	T
NAME	BENSINGER, STEVEN J
STREET ADDRESS	70 PINE STREET
CITY-ST-ZIP	NEW YORK, NY 10270
TITLE	D
NAME	KELLEY, KEVIN H
STREET ADDRESS	100 SUMMER ST
CITY-ST-ZIP	BOSTON, MA 02110
TITLE	CEOD
NAME	KELLY, SHAUN
STREET ADDRESS	100 SUMMER STREET
CITY-ST-ZIP	BOSTON, MA 02110
TITLE	PD
NAME	EASTWOOD, PETER J
STREET ADDRESS	100 SUMMER ST
CITY-ST-ZIP	BOSTON, MA 02110
TITLE	EVP
NAME	ANSELMO, NICHOLAS
STREET ADDRESS	100 SUMMER STREET
CITY-ST-ZIP	BOSTON, MA 02110

100098909051

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[Signature]

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: *Elizabeth M Tuck*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Elizabeth M Tuck

4/24/07

Daytime Phone #

Directors / Officers Report Address for all. Same as principal address As of 4/25/2007

Florida Risk Specialists, Inc.

Directors

	Effective
Kevin Hugh Kelley	3/27/1987
Shaun Everett Kelly	7/12/1999
Matthew F. Power	6/1/2006

Officers

	Effective
Matthew F. Power	6/1/2006
Shaun Everett Kelly	5/18/2004
Nicholas Edward Anselmo	5/18/2004
Stephen Joel Paris	5/18/2004
Armand George Pepin	5/18/2004
Bradley D. Cox	5/18/2004
Steven M. Mills	1/3/2006
Stephen Joel Paris	5/18/2004
Elizabeth Margaret Tuck	5/9/1989
Stephen John Andrick	1/3/2006
Amy Marie Cinquegrana	5/18/2004
John Mathew Artesani	6/1/2006
John Mathew Artesani	5/18/2004

2/3



CORPORATION SERVICE COMPANY

3/3

ACCOUNT NO. : 072100000032
REFERENCE : 869012 4320171
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 150.00

ORDER DATE : April 25, 2007
ORDER TIME : 1:06 PM
ORDER NO. : 869012-060
CUSTOMER NO: 4320171

ANNUAL REPORT FILING

NAME: FLORIDA RISK SPECIALIST, INC.
FL 2007

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS:

[Signature]

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING