

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 616873

FILED
Apr 28, 2009
Secretary of State

Entity Name: FLORIDA RISK SPECIALISTS,INC.

Current Principal Place of Business:

100 NORTH TAMPA ST
SUITE 1840
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

70 PINE STREET
PATRICK BURKE
NEW YORK, NY 10270 US

FEI Number: 59-1910246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE, FL 32301 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: PD () Delete
Name: POWER, MATTHEW F
Address: 100 NORTH TAMPA ST
City-St-Zip: TAMPA, FL 33602 US

Title: CEO () Delete
Name: KELLY, SHAUN E
Address: 100 NORTH TAMPA ST
City-St-Zip: TAMPA, FL 33602 US

Title: EVP () Delete
Name: ANSELMO, NICHOLAS E
Address: 100 NORTH TAMPA ST
City-St-Zip: TAMPA, FL 33602 US

Title: SVP () Delete
Name: PARIS, STEPHEN J
Address: 100 NORTH TAMPA ST
City-St-Zip: TAMPA, FL 33602 US

Title: SVP () Delete
Name: PEPIN, ARMAND G
Address: 100 NORTH TAMPA ST
City-St-Zip: TAMPA, FL 33602 US

Title: S () Delete
Name: TUCK, ELIZABETH M
Address: 100 NORTH TAMPA ST
City-St-Zip: TAMPA, FL 33602 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: COO (X) Change () Addition
Name: JORDAN, DAVID E
Address: 100 NORTH TAMPA ST
City-St-Zip: TAMPA, FL 33602 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELIZABETH TUCK

S

04/28/2009

Electronic Signature of Signing Officer or Director

Date