

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005837

FILED
Jan 05, 2009
Secretary of State

Entity Name: PATRIOT RISK SERVICES, INC.

Current Principal Place of Business:

301 E. LAS OLAS BOULEVARD
7TH FLOOR
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

301 E. LAS OLAS BOULEVARD
7TH FLOOR
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 20-3377189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: C, D () Delete
Name: ERMATINGER, TIMOTHY J
Address: 301 E. LAS OLAS BLVD., 7TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: P, D () Delete
Name: GRAVES, JOSEPHINE L
Address: 301 E. LAS OLAS BLVD., 7TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: S () Delete
Name: DAVIS, KIMBERLY
Address: 301 E. LAS OLAS BLVD., 7TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: HALTER, ERIC M
Address: 1061 521 CORP. CTR. DR. #140
City-St-Zip: FORT MILL, SC 29715

Title: T (X) Delete
Name: RON, COUTURE
Address: 301 E. LAS OLAS BLVD., 7TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: DAWSON, ERIC
Address: 301 E. LAS OLAS BLVD., 7TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: T (X) Change () Addition
Name: MASOTTI, MICHELLE
Address: 301 E. LAS OLAS BLVD., 7TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33301

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: KIMBERLY DAVIS

AS

01/05/2009

Electronic Signature of Signing Officer or Director

Date