

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J64297

FILED
Jun 06, 2008
Secretary of State

Entity Name: INSURANCE RISK SERVICES, INC.

Current Principal Place of Business:

% SHAWN R. RADER
215 N. EOLA DR.
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

% SHAWN R. RADER
215 N. EOLA DR.
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-2793347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RADER, SHAWN R.
215 N. EOLA DR.
ORLANDO, FL 32801 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HAWKINS, JAMES ROBER, T JR
Address: 856 SILVERWOOD DR
City-St-Zip: LAKE MARY, FL 32746

Title: S () Delete
Name: HAWKINS, JAMES R JR
Address: 856 SILVERWOOD DR
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JAMES R HAWKINS, JR

PRES

06/06/2008

Electronic Signature of Signing Officer or Director

Date