

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

02-06-2004 90020 001 ***150.00

DOCUMENT # M90742 1. Entity Name RISK MANAGEMENT INSURANCE, INC.					
Principal Place of Business C/O ROBERT L. GERRY 12791 WORLD PLAZA LANE, POB 6187 FT MYERS FL 33911-6187			Mailing Address C/O ROBERT L. GERRY 12791 WORLD PLAZA LANE, POB 6187 FT MYERS FL 33911-6187		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0062445	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GERRY, ROBERT L. 12791 WORLD PLAZA LANE SUITE A FT. MYERS FL 33907			Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code		
8. The above named entity certifies the 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 box # applicable.			ROBERT L. GERRY (NOTE: Registered Agent signature required when renewing)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	Delete ☐		CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	Delete ☐		CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	Delete ☐		CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	Delete ☐		CITY-ST-ZIP	Change ☐ Addition ☐	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			ROBERT L. GERRY Date 3/1/04 (239) 278-3937		