

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000035918

Entity Name: W & S RISK, INC.

FILED  
Jan 31, 2008  
Secretary of State

## Current Principal Place of Business:

201 E. PINE STEET  
SUITE 1308  
ORLANDO, FL 32801

## New Principal Place of Business:

## Current Mailing Address:

P.O. DRAWER 1793  
ORLANDO, FL 32802

## New Mailing Address:

FEI Number: 59-3651700

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MICHAEL, SCHMIDT H  
201 E. PINE STREET  
SUITE 1308  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

MICHAEL, SCHMIDT H PRES  
201 E. PINE STREET  
SUITE 1308  
ORLANDO, FL 32801 US

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: MICHAEL H. SCHMIDT

01/31/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: SCHMIDT, MICHAEL H  
Address: 201 E. PINE STREET, SUITE 1308  
City-St-Zip: ORLANDO, FL 32801

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: SCHMIDT, MICHAEL H PRES  
Address: 201 E. PINE STREET, SUITE 1308  
City-St-Zip: ORLANDO, FL 32801

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: MICHAEL H. SCHMIDT

PRES

01/31/2008

Electronic Signature of Signing Officer or Director

Date