

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000022862

1. Entity Name  
GHR RISK MANAGEMENT, INC.



FILED  
04 APR 28 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
301 E PINE ST, STE 1400  
ORLANDO, FL 32801

Mailing Address  
301 E PINE ST, STE 1400  
ORLANDO, FL 32801

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04272004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3700196 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEUKAMM, MICHAEL E  
301 E PINE ST, STE 1400  
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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 VD  
NAME MARSHALL, BYRD F JR  
STREET ADDRESS 301 E PINE ST, STE 1400  
CITY-ST-ZIP ORLANDO, FL 32801 ☐ Delete

TITLE  
NAME 900035787559  
STREET ADDRESS 05/07/04--01096--003 \*\*150.00  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TSD  
NAME NEUKAMM, MICHAEL E  
STREET ADDRESS 301 E PINE ST, STE 1400  
CITY-ST-ZIP ORLANDO, FL 32801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD  
NAME CANNON, JR., DEAN R  
STREET ADDRESS 301 E. PINE ST. SUITE 1400  
CITY-ST-ZIP ORLANDO, FL 32801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report 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: Michael E. Neukamm 4/27/04 407-843-8880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #