

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000034681

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** RISK SOLUTIONS MANAGEMENT CORP

**Current Principal Place of Business:**

1355 PLATO CT.  
VERO BEACH, FL 32963

**New Principal Place of Business:**

4697 SW HAMMOCK CREEK DRIVE  
PALM CITY, FL 34990

**Current Mailing Address:**

1355 PLATO CT.  
VERO BEACH, FL 32963

**New Mailing Address:**

4697 SW HAMMOCK CREEK DRIVE  
PALM CITY, FL 34990

**FEI Number:** 65-1091620

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HALCOMB, HAROLD R  
1355 PLATO CT.  
VERO BEACH, FL 32963 US

**Name and Address of New Registered Agent:**

HALCOMB, HAROLD R  
4697 SW HAMMOCK CREEK DRIVE  
PALM CITY, FL 34990 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/19/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: HALCOMB, HAROLD R  
Address: 4697 SW HAMMOCK CREEK DRIVE  
City-St-Zip: PALM CITY, FL 34990

I hereby 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 all other like empowered.

SIGNATURE: HAROLD R. HALCOMB

PRES

03/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date