

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000053143

**FILED**  
**Jan 31, 2005**  
**Secretary of State**

**Entity Name:** FLORIDA INSURANCE RISK MANAGEMENT, INC.

**Current Principal Place of Business:**

12751 BIGGIN CHURCH RD. SOUTH  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

3161 ST JOHNS BLUFF ROAD SOUTH  
SUITE 4  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

12751 BIGGIN CHURCH RD. SOUTH  
JACKSONVILLE, FL 32224

**New Mailing Address:**

3161 ST JOHNS BLUFF ROAD SOUTH  
SUITE 4  
JACKSONVILLE, FL 32246

FEI Number: 59-3747407

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LABBE, TERRI L  
12751 BIGGIN CHURCH RD. SOUTH  
JACKSONVILLE, FL 32224 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: LABBE, TERRI L  
Address: 12751 BIGGIN CHURCH RD. SOUTH  
City-St-Zip: JACKSONVILLE, FL 32224

Title: P ( ) Delete  
Name: LABBE, PETER A  
Address: 12757 BIGGIN CHURCH RD  
City-St-Zip: JACKSONVILLE, FL 32224

**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 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 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: PETER A LABBE

P

01/31/2005

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

\_\_\_\_\_ Date