

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000053143

FILED  
Jan 06, 2011  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-3747407      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LABBE, PETER A  
Address: 3161 ST JOHNS BLUFF ROAD SO #4  
City-St-Zip: JACKSONVILLE, FL 32246

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: PETER A. LABBE

PRES

01/06/2011

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

\_\_\_\_\_  
Date