

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000047152

Entity Name: ZELEN RISK SOLUTIONS, INC.

FILED  
Apr 27, 2005  
Secretary of State

## Current Principal Place of Business:

3617 CROWN POINT ROAD  
SUITE 5  
JACKSONVILLE, FL 32257

## New Principal Place of Business:

## Current Mailing Address:

3617 CROWN POINT ROAD  
SUITE 5  
JACKSONVILLE, FL 32257

## New Mailing Address:

P O BOX 24668  
JACKSONVILLE, FL 32241

FEI Number: 51-0461071

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZELEN, VICKY M  
3617 CROWN POINT ROAD  
SUITE 5  
JACKSONVILLE, FL 32257 US

## Name and Address of New Registered Agent:

HERNANDEZ, MEREDITH A  
3617 CROWN POINT ROAD  
SUITE # 2  
JACKSONVILLE, FL 32257 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: MEREDITH ALLEN HERNANDEZ

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ZELEN, VICKY M  
Address: 9777 CHESTERFIELD DRIVE  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete  
Name: GAINES, ROBERT A  
Address: 2219 NORTHWEST LAKEVIEW DRIVE  
City-St-Zip: SEBRING, FL 33870

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ZELEN, VICKY M  
Address: 9777 CHESTERFIELD DRIVE  
City-St-Zip: JACKSONVILLE, FL 32257

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: VICKY M ZELEN

P

04/27/2005

Electronic Signature of Signing Officer or Director

Date