

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000013526

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: SOUTHERN INSURANCE AND RISK MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

1395 S LOTUS DR  
STE A  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 118  
DUNEDIN, FL 34697

**New Mailing Address:**

FEI Number: 33-1080933      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MOORE, EUGENE I  
1395 S LOTUS DR  
DUNEDIN, FL 34698 US

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

MOORE, EUGENE I  
1395 S LOTUS DR  
STE A  
DUNEDIN, FL 34698 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:

01/16/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MOORE, EUGENE I  
Address: 1395 S LOTUS DR STE A  
City-St-Zip: DUNEDIN, FL 34698

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: EUGENE I MOORE

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date