

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000017527

FILED
Mar 24, 2009
Secretary of State

Entity Name: WOLF PROFESSIONAL RISK, INC.

Current Principal Place of Business:

4601 SAN MIGUEL ST.
TAMPA, FL 33629

New Principal Place of Business:

5823 BOWEN DANIEL DR
1001
TAMPA, FL 33616

Current Mailing Address:

4601 SAN MIGUEL ST.
TAMPA, FL 33629

New Mailing Address:

5823 BOWEN DANIEL DR
1001
TAMPA, FL 33616

FEI Number: 20-4262405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLF, BOYD
4601 SAN MIGUEL ST.
TAMPA, FL 33629 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: D () Delete
Name: WOLF, BOYD
Address: 4601 SAN MIGUEL ST.
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WOLF, BOYD
Address: 5823 BOWEN DANIEL DR. SUITE 1001
City-St-Zip: TAMPA, FL 33616

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: BOYD H. WOLF

D

03/24/2009

Electronic Signature of Signing Officer or Director

Date