

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000137445

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** RISK MANAGEMENT PLUS, INC.

**Current Principal Place of Business:**

12157 W. LINEBAUGH AVENUE, #205  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

12157 W. LINEBAUGH AVENUE, #205  
TAMPA, FL 33626

**New Mailing Address:**

**FEI Number:** 20-5757021

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STAFFORD, JENNIFER  
8473 W. LINEBAUGH AVENUE  
TAMPA, FL 33626 US

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

STAFFORD, JENNIFER  
8473 W. LINEBAUGH AVENUE  
TAMPA, FL 33625 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:** JENNIFER STAFFORD

01/12/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** STAFFORD, JAMES R  
**Address:** 12157 W. LINEBAUGH AVENUE #205  
**City-St-Zip:** TAMPA, FL 33626

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:** JAMES R. STAFFORD

PRES

01/12/2011

Electronic Signature of Signing Officer or Director

Date