

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000115107

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: COMMUNITY RISK & INSURANCE SOLUTIONS, INC.

## Current Principal Place of Business:

10014 GROVE DRIVE  
SUITE A  
PORT RICHEY, FL 34668 US

## New Principal Place of Business:

## New Mailing Address:

10014 GROVE DRIVE  
SUITE A  
PORT RICHEY, FL 34668 US

## Current Mailing Address:

12605 CLOCK TOWER PARKWAY  
BAYONET POINT, FL 34667 US

FEI Number: 26-1263717

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARRETT, SUSAN H  
12605 CLOCK TOWER PARKWAY  
BAYONET POINT, FL 34667 US

## Name and Address of New Registered Agent:

BARRETT, SUSAN H  
10014 GROVE DRIVE  
SUITE A  
PORT RICHEY, FL 34668 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: SUSAN H. BARRETT

04/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: BARRETT, SUSAN  
Address: 12605 CLOCK TOWER PARKWAY  
City-St-Zip: PORT RICHEY, FL 34667

Title: SECY ( ) Delete  
Name: STALEY, MELVIN R  
Address: 12605 CLOCK TOWER PARKWAY  
City-St-Zip: BAYONET POINT, FL 34667 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: BARRETT, SUSAN  
Address: 10014 GROVE DRIVE SUITE A  
City-St-Zip: PORT RICHEY, FL 34668

Title: T (X) Change ( ) Addition  
Name: HARDING, LORI A  
Address: 10014 GROVE DRIVE SUITE A  
City-St-Zip: PORT RICHEY, FL 34668 US

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: SUSAN H. BARRETT

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04/02/2009

Electronic Signature of Signing Officer or Director

Date