

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90036 015 \*\*\*150.00

40011836



01122005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P15153</b> 1. Entity Name <b>RISK MANAGEMENT CLAIM SERVICES, INC.</b>					
Principal Place of Business <b>13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE, FL 32224 US</b>			Mailing Address <b>C/O CORPORATE TAX DEPT P.O. BOX 19135 JACKSONVILLE, FL 32245 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>52-1529084</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDS LAROSE, ROBERT C. 13410 SUTTON PARK DR S JACKSONVILLE, FL 32224</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GERKENS, HENRY H 13410 SUTTON PARK DR S JACKSONVILLE, FL 32224</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/P/D - GERKENS, HENRY H. XX 13410 SUTTON PARK DR S JACKSONVILLE, FL 32224</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CROWE, JEFFREY C. 13410 SUTTON PARK DR S JACKSONVILLE, FL 32224</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTAS OWEN, DENNIS P. 13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE, FL 32224</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/V/T/AS - OWEN, DENNIS P. X 13410 SUTTON PARK DR S JACKSONVILLE, FL 32224</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BURNS, BILL 13410 SUTTON PARK DR S JACKSONVILLE, FL 32224</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>ROBERT C. LAROSE</b> <span style="float: right;">1/25/05 904-398-9400</span> <small>Date Daytime Phone #</small>		

# ATTACHMENT

40011836

# P15153

Risk Management Claim Services, Inc.  
EIN # 52-1529084

## **Directors**

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**Henry H. Gerkens** (Chairman)

Address: 13410 Sutton Park Drive, South  
Jacksonville, FL 32224

**Robert C. LaRose**

Address: 13410 Sutton Park Drive, South  
Jacksonville, FL 32224

**Dennis P. Owen**

Address: 13410 Sutton Park Drive, South  
Jacksonville, FL 32224

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Risk Management Claim Services, Inc.  
EIN # 52-1529084

## **Officers**

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**Henry H. Gerkens                      President**

Address: 13410 Sutton Park Drive, South  
Jacksonville, FL 32224

**Dennis P. Owen                      Vice President, Treasurer, and  
Assistant Secretary**

Address: 13410 Sutton Park Drive, South  
Jacksonville, FL 32224

**Robert C. LaRose                      Vice President and Secretary**

Address: 13410 Sutton Park Drive, South  
Jacksonville, FL 32224

**William C. Burns                      Vice President - Automobile  
Liability Claims**

Address: 13410 Sutton Park Drive, South  
Jacksonville, FL 32224