

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P28072
 1. Entity Name
 ASSOCIATION RISK MANAGEMENT SERVICE CO.



Principal Place of Business Mailing Address
 250 E PARK AVE P O BOX 2368
 LAKE WALES, FL 33853 US LAKE WALES, FL 33859

DO NOT WRITE IN THIS SPACE



02112008 No Chg-P CR2E034 (11/05)

4. FEI Number 73-1344665	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 HAFF, TULA M ESQUIRE
 3399 CYPRESS GARDENS RD
 STE C
 WINTER HAVEN, FL 33884

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000910250
 05/06/08-80096-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HERSHNER, DEBORAH L 244 E PARK AVENUE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRADLEY, HELENE M 244 E PARK AVE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUMFELT, THOMAS B 244 E PARK AVENUE LAKE WALES, FL 33853
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Helene Bradley HELENE M. BRADLEY 05/21/08 (863)676-1681 x 1176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #