

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P33403

1. Entity Name
RISK AND INSURANCE BROKERAGE CORPORATION



Principal Place of Business
**244 E PARK AVENUE
LAKE WALES, FL 33853 US**

Mailing Address
**P.O. BOX 2368
LAKE WALES, FL 33859**



02112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3031297

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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**

U000000910268
05/06/08-80036-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUMFELT, THOMAS B
STREET ADDRESS	244 E PARK AVE
CITY - ST - ZIP	LAKE WALES, FL 33853
TITLE	EVPD
NAME	SHAW, HUGH D
STREET ADDRESS	244 E PARK AVE
CITY - ST - ZIP	LAKE WALES, FL 33853
TITLE	STD
NAME	BRADLEY, HELENE M
STREET ADDRESS	244 E PARK AVE
CITY - ST - ZIP	LAKE WALES, FL 33853
TITLE	EXVP
NAME	SWING, JAMES E
STREET ADDRESS	244 E PARK AVENUE
CITY - ST - ZIP	LAKE WALES, FL 33853
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/12/08 813/676-11081
K1176