

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90288 045 ***150.00

DOCUMENT # **P96000075881**
1. Entity Name
Premiere Risk Management of Florida, Inc.

DO NOT WRITE IN THIS SPACE

14017456

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3732 Riveredge DR.
Suite, Apt. #, etc.

3. Mailing Address
PO Box 350448
Suite, Apt. #, etc.

City & State
JAX, FL

City & State
JAX, FL

4. FEI Number
59-3402848

Applied For
 Not Applicable

Zip
32277

Country
DUAL

Zip
32235

Country
DUAL

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
JAMES V. WALKER

Street Address (P.O. Box Number is Not Acceptable)
217 Ponte Vedra Park DR.

City
Ponte Vedra FL Zip Code
32082

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DENNIS L. SHANNON 3732 Riveredge DR. JAX, FL 32277	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Dennis L. Shannon** **Dennis L. SHANNON** 4/30/05 904 745-3168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #