

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000097879

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** CONSULTANTS IN RISK MANAGEMENT AND INSURANCE, INC.

**Current Principal Place of Business:**

3660 CENTRAL AVE  
SUITE 7  
FORT MYERS, FL 33901

**New Principal Place of Business:**

2151 FRANKLIN STREET  
FORT MYERS, FL 33901

**Current Mailing Address:**

P.O. BOX 2030  
FORT MYERS, FL 33902

**New Mailing Address:**

**FEI Number:** 65-0724185

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUKE, M. THOMAS JR  
3660 CENTRAL AVE  
SUITE 7  
FORT MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

RUKE, M. THOMAS JR  
2151 FRANKLIN STREET  
FORT MYERS, FL 33901 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/05/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: RUKE, M. THOMAS JR  
Address: 2151 FRANKLIN STREET  
City-St-Zip: FORT MYERS, FL 33901

I hereby 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 all other like empowered.

SIGNATURE: M. THOMAS RUKE, JR.

D

04/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date