


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000047497						
1. Entity Name EMPLOYEE RISK MANAGEMENT ADMINISTRATION TECHNOLOGIES, INC.						
Principal Place of Business 4925 BEACH BLVD JACKSONVILLE, FL 32207 US		Mailing Address 4925 BEACH BLVD JACKSONVILLE, FL 32207 US				
<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>						
		<div style="text-align: center;"></div> <div>01072004 No Chg-P CR2E034 (10/03)</div> <table border="1"><tr><td>4. FEI Number 59-3579305</td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-3579305	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent TROMBERG, FRED 4925 BEACH BLVD JACKSONVILLE, FL 32207		<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS		<div style="text-align: center;">000000000648 01/09/04-80006-006 150.00</div> <div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TROMBERG, MARTHA R 4925 BEACH BLVD JACKSONVILLE, FL 32207					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MUENZ, LAURIE K 4925 BEACH BLVD JACKSONVILLE, FL 32207					
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 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.						
SIGNATURE: <i>MARTHA R. Tromberg</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="text-align: right;">Date <i>1/1/04</i> Daytime Phone # <i>733-3762</i></div>				