


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90020 003 \*\*\*150.00

<b>DOCUMENT # P99000080477</b>					
1. Entity Name AEQUICAP RISK MANAGERS, INC.					
Principal Place of Business 3000 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309			Mailing Address 3000 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JONES, MATHEW T 3000 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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)</small>					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DCOO	<input type="checkbox"/> Delete	TITLE	D, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENSON, MARK		NAME		
STREET ADDRESS	3000 W CYPRESS CREEK RD		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP		
TITLE	CEOC	<input type="checkbox"/> Delete	TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAMAN, PHILIP E		NAME		
STREET ADDRESS	3000 W CYPRESS CREEK RD		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, NEIL C		NAME		
STREET ADDRESS	3251 WASHINGTON BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON, VA 22201		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAMAN, JUSTIN		NAME		
STREET ADDRESS	3000 W CYPRESS CREEK RD		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP		
TITLE	CFOT	<input type="checkbox"/> Delete	TITLE	D, SUP, CFO, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, DEBORAH S		NAME		
STREET ADDRESS	3000 W CYPRESS CREEK RD		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRUCE, WILLIAM D		NAME		
STREET ADDRESS	3000 W CYPRESS CREEK RD		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP		
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: <u>Matthew T. Jones, V.P.</u> <u>3/18/08</u> <u>(954) 493-6565</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

50005698



02052008 Chg-P CR2E034 (12/06)

4. FEI Number  
65-1063196

Applied For  
Not Applicable

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

FL Zip Code

# ATTACHMENT

## AEQUICAP RISK MANAGERS, INC. #P49000080477 ADDITIONAL DIRECTORS AND OFFICERS:

Title: P,COO  
Name: James E. Roberts  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V,S  
Name: Matthew T. Jones  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: D  
Name: Charlie King  
Street Address: 3251 Washington Blvd.  
City-St-Zip: Arlington, VA 22201

Title: V  
Name: Marilyn Peterson  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Norm Baker  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: SVP  
Name: Chris Parkinson  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Dawn Duxbury  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Brittany Rodgers  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: SVP  
Name: Nicole Boodram  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

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Title: V  
Name: John Pecoraro  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Susan M. Plochoki  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309