


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90038 029 ***150.00

DOCUMENT # S13169	
1. Entity Name HARRIS RISK MANAGEMENT, INC.	

Principal Place of Business 7774 CHARNEY LANE BOCA RATON FL 33496	Mailing Address 7774 CHARNEY LANE BOCA RATON FL 33496
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2. Principal Place of Business 550 SE. MIZNER BLVD Suite, Apt. #, etc. B505 City & State BOCA RATON FL Zip 33432 Country USA.	3. Mailing Address 550 SE MIZNER BLVD Suite, Apt. #, etc. B505 City & State BOCA RATON FL Zip 33432 Country USA.
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MOORE CR2E034 (11/03)

4. FEI Number 65-0228000	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, MARK R. 7774 CHARNEY LANE BOCA RATON FL 33496	
7. Name and Address of New Registered Agent Name HARRIS, MARK R. Street Address (P.O. Box Number is Not Acceptable) 550 SE. MIZNER BLVD B505 City BOCA RATON FL Zip Code 33432	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HARRIS, MARK R. 7774 CHARNEY LANE BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HARRIS, MARK R. 550 SE MIZNER BLVD #B505 BOCA RATON FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HARRIS, MARSHA R. 7774 CHARNEY LANE BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HARRIS, MARSHA R. 550 S.E. MIZNER BLVD #B505 BOCA RATON FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mark R. Harris **2/4/04** **(561)9980999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #