

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000101072

**Entity Name:** CORE RISK CONSULTANTS, INC.

**Current Principal Place of Business:**

301 S BRONOUGH ST #200  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

301 S BRONOUGH ST #200  
TALLAHASSEE, FL 32301 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MILLER, TRAVIS L  
301 S BRONOUGH ST #200  
TALLAHASSEE, FL 32301 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

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            CEO & DIRECTOR  
Name            DONAGHY, STEPHEN J  
Address        1110 W COMMERCIAL BLVD  
City-State-Zip: FORT LAUDERDALE FL 33309

Title            CFO/TREASURER & DIRECTOR  
Name            WILCOX, FRANK  
Address        1110 W COMMERCIAL BLVD  
City-State-Zip: FORT LAUDERDALE FL 33309

Title            SECRETARY  
Name            ROPIECKI, GARY  
Address        1110 W COMMERCIAL BLVD  
City-State-Zip: FORT LAUDERDALE FL 33309

*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:** STEPHEN J. DONAGHY

CEO

04/12/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date