

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005675

FILED
Jan 08, 2004
Secretary of State

Entity Name: KRM RISK MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

2650 APALACHEE PKWY
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

4270 W RICHERT
STE 101
FRESNO, CA

New Mailing Address:

4270 W RICHERT AVE
STE 101
FRESNO, CA 937046334

FEI Number: 77-0348362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRISON, SUZANNE
2650 APALACHEE PKWY
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

HARRIGAN, LEA
2650 APALACHEE PKWY
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: LEA HARRIGAN

01/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: VANBEURDEN, WILLIAM J
Address: 12950 WILLOW BLUFF
City-St-Zip: CLOVIS, CA 93611

Title: DP () Delete
Name: MCINTOSH, ROBERT M
Address: 1301 BRITTANY CROSS RD.
City-St-Zip: SANTA ANA, CA 92705

Title: DSCO () Delete
Name: WIGH, STEVEN C
Address: 39960 KINGS RIVER DR.
City-St-Zip: KINGSBURG, CA 93631

Title: CFO () Delete
Name: CULLEN, LAURA
Address: 824 E NORMAL AVE
City-St-Zip: FRESNO, CA 93704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LAURA CULLEN

CFO

01/08/2004

Electronic Signature of Signing Officer or Director

Date