

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90418 045 \*\*\*150.00

<b>DOCUMENT # P03000117583</b> 1. Entity Name <b>R &amp; R RISK SERVICES INC.</b>					
Principal Place of Business <b>12315 LITTLE RD HUDSON, FL 34667</b>			Mailing Address <b>12315 LITTLE RD HUDSON, FL 34667</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>8321 Delaware Drive</b>			3. Mailing Address Suite, Apt. #, etc. <b>8321 Delaware Drive</b>		
City & State <b>Spring Hill, FL</b>			City & State <b>Spring Hill, FL</b>		
Zip <b>34607</b>		Country <b>Hernando</b>		4. FEI Number <b>90-0124505</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>DIMATTIA, RENEE</b> <b>12315 LITTLE RD</b> <b>HUDSON, FL 34667</b>			<b>7. Name and Address of New Registered Agent</b> Name  Street Address (P.O. Box Number is Not Acceptable)  <b>8321 Delaware Drive</b> City <b>Spring Hill</b> <b>FL</b> Zip Code <b>34607</b>		
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 <u><i>Renee Dimattia</i></u> <b>RENÉE DIMATTIA</b> <b>4-15-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>DIMATTIA, RENEE</b> <b>12315 LITTLE RD</b> <b>HUDSON, FL 34667</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>BULGER, RANDAL</b> <b>12315 LITTLE RD</b> <b>HUDSON, FL 34667</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 *</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8321 Delaware Drive</b> <b>Spring Hill, FL 34607</b>				
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"/> Change <input type="checkbox"/> Addition				
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"/> 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: <u><i>Renee Dimattia</i></u> <b>RENÉE DIMATTIA</b> <b>4-15-04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<b>(727) 455-2938</b> <small>Daytime Phone #</small>					