

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90041 022 ***150.00

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1. Entity Name
SPECIALTY RISK ASSOCIATES, INC.

Principal Place of Business
**7600 FERN AVE, BLDHG 600
SHREVEPORT, LA 71105**

Mailing Address
**P.O. BOX 53049
SHREVEPORT, LA 71135**

DO NOT WRITE IN THIS SPACE



03162006 No Chg-P CR2E034 (11/05)

4. FEI Number
72-1021557

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WOOD, JOHN F III
STREET ADDRESS	7600 FERN AVE, BLDG 600
CITY-ST-ZIP	SHREVEPORT, LA 71105
TITLE	DV
NAME	SLACK, WILLIAM D
STREET ADDRESS	7600 FERN AVE, BLDG 600
CITY-ST-ZIP	SHREVEPORT, LA 71105
TITLE	VICE PRESIDENT
NAME	THOMAS GARLAND
STREET ADDRESS	7600 FERN AVE., BLDG 600
CITY-ST-ZIP	SHREVEPORT, LA 71105
TITLE	VICE PRESIDENT
NAME	COLEMAN RALEIGH
STREET ADDRESS	9428 BROOKLINE AVE.
CITY-ST-ZIP	BATON ROUGE, LA 70809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM DALE SLACK

03/20/06

Date

318-865-7023

Daytime Phone #