

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90086 046 ***150.00

DOCUMENT # F05000006355

1. Entity Name
**SPIRIT MOUNTAIN INSURANCE COMPANY RISK
RETENTION GROUP, INC.**



Principal Place of Business
**5101 WISCONSIN AVENUE, N.W.
WASHINGTON, DC 20016**

Mailing Address
**% RISK SERVICES
1501 WILSON BOULEVARD, STE. 1110
ARLINGTON, VA 22209**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.
Suite 500

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232007

Chg-P

CR2E034 (12/06)

4. FEI Number
20-3011260

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROGERS, MICHAEL T
RISK SERVICES
1800 SECOND STREET, STE. 909
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
RENZI, ROBERTA
2063 N RAINTREE DR
FLAGSTAFF, AZ 86004**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
LEQUIRE, DWAYNE
12 LOS ENCINOS BLVD
SONOITA, AZ 65631**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
PERSCHETZ, ARTHUR ESQ.
5101 WISCONSIN AVENUE, N.W.
WASHINGTON, DC 20016**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**AS
ROSS, HEATHER
1501 WILSON BOULEVARD, SUITE 1110
ARLINGTON, VA 22209**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
HARKAVY, JON
1501 WILSON BOULEVARD, SUITE 110
ARLINGTON, VA 22209**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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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 an other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/07

703 872 8925