

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90031 002 \*\*\*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 #  
Suite, Apt. #, etc.

3. Mailing Address  
**c/o Risk Services, 2233 Wisconsin Ave., N.W.  
Suite 310**

City & State  
**Washington, D.C.**

Zip  
**20007**

Country

01182008 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, 2008 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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEQUIRE, DWAYNE 12 LOS ENCINOS BLVD SONOITA, AZ 85631	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PERSCHETZ, ARTHUR ESQ. 5101 WISCONSIN AVENUE, N.W. WASHINGTON, DC 20016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROSS, HEATHER 1501 WILSON BOULEVARD, SUITE 1110 ARLINGTON, VA 22209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARKAVY, JON 1501 WILSON BOULEVARD, SUITE 110 ARLINGTON, VA 22209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	AS ROSS, HEATHER 2233 Wisconsin Ave., N.W., Suite 310 Washington, DC 20007	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARKAVY, JON 2233 Wisconsin Ave., N.W., Suite 310 Washington, DC 20007	<input checked="" 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 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, without being so empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/08 202-491-5944