

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90055 023 ***150.00

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1. Entity Name
RISCO DEVELOPMENT, INC.



Principal Place of Business
**24500 CHAGRIN BOULEVARD, SECOND FLOOR
BEACHWOOD, OH 44122**

Mailing Address
**24500 CHAGRIN BOULEVARD, SECOND FLOOR
BEACHWOOD, OH 44122**

50009487



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192005

Chg-P

CR2E034 (10/03)

4. FEI Number

34-1761152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RISMAN, WILLIAM B ESQ
501 116TH AVENUE NORTH
ST PETERSBURG, FL 33716**

Name

Robert G. Risman

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

1515 Eden Isle Blvd., N.E.

City

St. Petersburg

FL

Zip Code
33704

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

Robert G. Risman

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**CCTD
RISMAN, WILLIAM B
24500 CHAGRIN BOULEVARD, SECOND FLOOR
BEACHWOOD, OH**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

**PCOD
RISMAN, ROBERT R
24500 CHAGRIN BOULEVARD, SECOND FLOOR
BEACHWOOD, OH**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

**DVS
RISMAN, ROBERT G
24500 CHAGRIN BOULEVARD, SECOND FLOOR
BEACHWOOD, OH 44122**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert R. Risman, President 1/28/05

Date

Daytime Phone #