


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F98000001216 1. Entity Name RISK SERVICES - SOUTH, INC.	
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Principal Place of Business 1800 SECOND STREET, SUITE 909 SARASOTA, FL 34236	Mailing Address P BOX 2139 SARASOTA, FL 34230
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03042004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 03-0355367	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  WOLFE, RANDOLPH J ESQ. FOLEY & LARDNER 100 N. TAMPA STREET, SUITE 2700 TAMPA, FL 33602
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000130269 04/26/04-80113-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARKAVY, JON 8100 HAMILTON SPRING RD. BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ROGERS, MICHAEL T 7323 PINENEEDLE RD SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROY, PAMELA 6 POINT RIDGE ROAD BARRE, VT 05641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROSS, HEATHER 4910 WESTWAY DRIVE BETHESDA, MD 20816
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, G. W 7251 PLOVER'S WAY SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIAL, C. FERRELL 1800 SECOND ST STE 909 SARASOTA, FL 34236

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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)(f), 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:   3/11/04 703-812-8428  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #