

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001216

Entity Name: RISK SERVICES - SOUTH, INC.

FILED
Jan 06, 2005
Secretary of State

Current Principal Place of Business:

1800 SECOND STREET, SUITE 909
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

P BOX 2139
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 03-0355367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFE, RANDOLPH J ESQ.
FOLEY & LARDNER
100 N. TAMPA STREET, SUITE 2700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARKAVY, JON
Address: 8100 HAMILTON SPRING RD.
City-St-Zip: BETHESDA, MD 20817

Title: VTD () Delete
Name: ROGERS, MICHAEL T
Address: 7323 PINENEEDLE RD
City-St-Zip: SARASOTA, FL 34242

Title: S () Delete
Name: ROY, PAMELA
Address: 5 POINT RIDGE ROAD
City-St-Zip: BARRE, VT 05641

Title: AS () Delete
Name: ROSS, HEATHER
Address: 4910 WESTWAY DRIVE
City-St-Zip: BETHESDA, MD 20816

Title: D () Delete
Name: HARRIS, G. W
Address: 7251 PLOVER'S WAY
City-St-Zip: SARASOTA, FL 34242

Title: VP () Delete
Name: DIAL, C. FERRELL
Address: 1800 SECOND ST STE 909
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON HARKAVY

PD

01/06/2005

Electronic Signature of Signing Officer or Director

Date