

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90002 010 ***150.00

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1. Entity Name

RISK SERVICES - SOUTH, INC.



Principal Place of Business

1800 SECOND STREET, SUITE 909
SARASOTA, FL 34236

Mailing Address

P BOX 2139
SARASOTA, FL 34230

DO NOT WRITE IN THIS SPACE



03202006 No Chg-P CR2E034 (11/05)

4. FEI Number
03-0355367

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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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IN THIS SPACE**

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, 2006 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 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 5 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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IN THIS SPACE**

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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #