

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H04091**

1. Entity Name  
**RISCONTROL SERVICES, INC.**



Principal Place of Business  
**12225-B 28TH STREET, NORTH  
ST PETERSBURG, FL 33716**

Mailing Address  
**12225-B 28TH STREET, NORTH  
ST PETERSBURG, FL 33716**



01202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number:  
**59-2925784**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**STOGNIEW, GERALD F.  
12225-B 28TH STREET, NORTH  
ST. PETERSBURG, FL 33716**

**DO NOT WRITE  
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  
**VSD  
STOGNIEW, ROSEMARY  
12225 28TH STREET, NORTH  
ST. PETERSBURG, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PO  
STOGNIEW, GERALD F.  
12225 28TH STREET, NORTH  
ST. PETERSBURG, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
STOGNIEW, KRISTEN  
12225 28TH STREET, NORTH  
ST. PETERSBURG, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VO  
O'REILLY, LAURIE  
12225 28TH STREET, NORTH  
ST. PETERSBURG, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000398937  
01/31/06-80019-015 150.00

**DO NOT WRITE  
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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: *Rosemary Stogniew* ROSEMARY STOGNIEW 1/20/06 (727) 522-7**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #