


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90114 044 ***150.00

| | |
|--|---|
| DOCUMENT # J21393 |  |
| 1. Entity Name H. RISK INVESTMENT CORPORATION | |

| | |
|--|--|
| Principal Place of Business % MICHAEL HRIC 2801 FRUITVILLE RD., SUITE 100 SARASOTA, FL 34237 | Mailing Address % MICHAEL HRIC 2801 FRUITVILLE RD., SUITE 100 SARASOTA, FL 34237 |
|--|--|



03292005 No Chg-P CR2E034 (10/03)

| | |
|--|--|
| 4. FEI Number 59-2688095 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

| |
|---|
| 6. Name and Address of Current Registered Agent HRIC, MICHAEL 2801 FRUITVILLE RD., SUITE 100 SARASOTA, FL 34237 |
|---|

**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, 2005 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 | POST VP HRIC, MICHAEL 2801 FRUITVILLE RD.,#100 SARASOTA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST GREEN, DONIS M. 60 Sugar Mill Drive Osprey, Florida 34229 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

Donis M. Green

4-01-05