

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J70338

FILED
Jul 07, 2005
Secretary of State

Entity Name: AMERICAN RISK CONTROL, INC.

Current Principal Place of Business:

300 31ST ST N
#335
ST. PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

300 31ST ST N
#335
ST. PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 59-2907248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VISORIA, FRANCO
300 31ST STREET NORTH
STE 339
SAINT PETERSBURG, FL 33713 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: ALDERMAN, VICTOR
Address: 300 31ST STREET N STE 335
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: S () Delete
Name: HANSELL, HARRISON
Address: 5608 26TH AVE S
City-St-Zip: GULFPORT, FL 33707

Title: T () Delete
Name: ALDERMAN, SARAH J
Address: 5263 3RD AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: DIR () Delete
Name: DICKSON, JEFFREY
Address: HOMEPORT DR
City-St-Zip: PALM HARBOR, FL 34683

Title: COB () Delete
Name: VISORIA, TRANQUILINO V JR
Address: 29513 ALLEGRO DR
City-St-Zip: TAMPA, FL 33543

Title: DIR (X) Delete
Name: DIPOLLINA, TONY
Address: 500 NORTH WESTSHORE BLVD., SUITE 300
City-St-Zip: TAMPA, FL 33609

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
Name:
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: VICTOR ALDERMAN

P

07/07/2005

Electronic Signature of Signing Officer or Director

Date