

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90027 031 ***150.00

DOCUMENT # K65782

1. Entity Name
RISDON ASSOCIATES INCORPORATED



Principal Place of Business
**3425 SHADOW BROOK LANE
VERO BEACH, FL 32966**

Mailing Address
**P.O. BOX 2826
VERO BEACH, FL 32961**

40012294



2. Principal Place of Business

3. Mailing Address
3425 SHADOW BROOK LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062006 Chg-P CR2E034 (11/05)

City & State

City & State
VERO BEACH FL

4. FEI Number
65-0100780

Applied For
Not Applicable

Zip

Country

Zip

32966

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THOREN, MARC
1850 43RD AVE.
STE C8
VERO BEACH, FL 32960**

7. Name and Address of New Registered Agent

Name
SAME

Street Address (P.O. Box Number is Not Acceptable)
3425 SHADOW BROOK LANE

City
VERO BEACH

FL

Zip Code
32966

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
THOREN, MARC
3425 SHADOWBROOK LANE
VERO BEACH, FL 32966 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
THOREN, BARBARA
3425 SHADOWBROOK LANE
VERO BEACH, FL 32966 ☐ Delete

TITLE
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☐ Change ☐ Addition

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

February 8, 2006 772.589.6039

Daytime Phone #