

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K65782

1. Entity Name
RISDON ASSOCIATES INCORPORATED



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

Mailing Address
3425 SHADOW BROOK LN
VERO BEACH, FL 32966

**FILED
Jan 10, 2008 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE

01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0100780	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

THOREN, MARC
3425 SHADOW BROOK LN
VERO BEACH, FL 32966

**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 re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Barbara Thoren* BARRBARA THOREN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/7/08 772 569
Daytime Phone # 8039