

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004195

Entity Name: RISEN, INC.

FILED  
Mar 02, 2004  
Secretary of State

**Current Principal Place of Business:**

C/O RICK RADFORD  
3525 MOUNT TABOR ROAD  
LAKELAND, FL 33810

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RICK RADFORD  
POST OFFICE BOX 847  
KATHLEEN, FL 33849

**New Mailing Address:**

FEI Number: 01-0711321

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WORKMAN, MICHAEL E  
500 SOUTH FLORIDA AVENUE  
SUITE 800  
LAKELAND, FL 33801 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RADFORD, RICK  
Address: POST OFFICE BOX 847  
City-St-Zip: KATHLEEN, FL 33849

Title: VD ( ) Delete  
Name: BARTOS, MICHAEL A  
Address: 3216 MOUNT TABOR ROAD  
City-St-Zip: LAKELAND, FL 33810

Title: SD ( ) Delete  
Name: THOMAS, LEE  
Address: 506 EAST SPARKMAN ROAD  
City-St-Zip: PLANT CITY, FL 33566

Title: TD ( ) Delete  
Name: BRACEY, BRIAN  
Address: 2610 WEST SOCRUM LOOP ROAD  
City-St-Zip: LAKELAND, FL 33810

**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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICK RADFORD

PD

03/02/2004

Electronic Signature of Signing Officer or Director

Date