
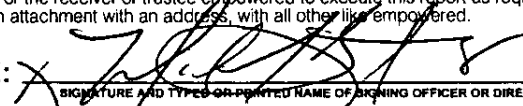


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 06, 2007 8:00 am**  
**Secretary of State**

08-06-2007 90033 029 \*\*\*\*61.25

<b>DOCUMENT # N02000004195</b>					
<b>1. Entity Name</b> RISEN, INC.					
<b>Principal Place of Business</b> 3212 MT. TABOR RD LAKELAND, FL 33810			<b>Mailing Address</b> 3212 MT. TABOR RD LAKELAND, FL 33810		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 4256 Shadow Wood Ln.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> Winter HAVEN, FL			
<b>Zip</b>	<b>Country</b>	<b>Zip</b> 33880	<b>Country</b> USA	<b>4. FEI Number</b> 01-0711321	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WORKMAN, MICHAEL E 500 SOUTH FLORIDA AVENUE SUITE 800 LAKELAND, FL 33801			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> BARTOS, MICHAEL	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3212 MT TABOR ROAD	CITY - ST - ZIP LAKELAND, FL 33810		<b>STREET ADDRESS</b>	CITY - ST - ZIP	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	CITY - ST - ZIP		<b>STREET ADDRESS</b>	CITY - ST - ZIP	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	CITY - ST - ZIP		<b>STREET ADDRESS</b>	CITY - ST - ZIP	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	CITY - ST - ZIP		<b>STREET ADDRESS</b>	CITY - ST - ZIP	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	CITY - ST - ZIP		<b>STREET ADDRESS</b>	CITY - ST - ZIP	
<b>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 617, 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.</b>					
<b>SIGNATURE:</b> 			<b>8-2-2007 863-698-8163</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40140066



07222007 Chg-NP CR2E037 (12/06)

**4. FEI Number**  
01-0711321

**Applied For**  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**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

**Filing Fee is \$61.25 Due by September 14, 2007**

**9. Election Campaign Financing Trust Fund Contribution.** ☐

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

**Make check payable to Florida Department of State**

## 10. OFFICERS AND DIRECTORS

**TITLE**  
PD  
**NAME**  
BARTOS, MICHAEL  
**STREET ADDRESS**  
3212 MT TABOR ROAD  
**CITY - ST - ZIP**  
LAKELAND, FL 33810

☐ Delete

**TITLE**  
NAME  
**STREET ADDRESS**  
CITY - ST - ZIP

☐ Delete

**TITLE**  
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**STREET ADDRESS**  
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NAME  
**STREET ADDRESS**  
CITY - ST - ZIP

☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

**TITLE**  
NAME  
**STREET ADDRESS**  
CITY - ST - ZIP

☐ Change ☐ Addition

**TITLE**  
NAME  
**STREET ADDRESS**  
CITY - ST - ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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NAME  
**STREET ADDRESS**  
CITY - ST - ZIP

☐ 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 617, 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 #