

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90004 045 ***158.75

DOCUMENT # P03000080909

1. Entity Name
CALCULATED RISK GROUP, INC.



Principal Place of Business
225 FLORIDA BLVD
MERRITT ISLAND, FL 32953

Mailing Address
% RONALD J. MONDLOCK
1250 N. LASALLE DR., UNIT #1104
CHICAGO, IL 60610

54062223



2. Principal Place of Business
1250 N. LA SALLE BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05192004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
51-0475222

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD #22 1E
PALM BCH GARDENS, FL 33410

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
D FINNEY, STEPHEN M ☐ Delete
STREET ADDRESS
225 FLORIDA BLVD
CITY-ST-ZIP
MERRITT ISLAND, FL 32953

TITLE
NAME
D LANG, ERIKA G ☐ Delete
STREET ADDRESS
225 FLORIDA BLVD
CITY-ST-ZIP
MERRITT ISLAND, FL 32953

TITLE
NAME
D MONDLOCK, RONALD J ☐ Delete
STREET ADDRESS
225 FLORIDA BLVD
CITY-ST-ZIP
MERRITT ISLAND, FL 32953

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
P/D ☐ Change ☐ Addition
STREET ADDRESS
2505 N. RACINE
CITY-ST-ZIP
CHICAGO IL 60614

TITLE
NAME
S/D ☐ Change ☐ Addition
STREET ADDRESS
2505 N. RACINE
CITY-ST-ZIP
CHICAGO IL 60614

TITLE
NAME
T/D ☐ Change ☐ Addition
STREET ADDRESS
1250 N. LA SALLE BLVD, SUITE 1104
CITY-ST-ZIP
CHICAGO IL 60610

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify 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 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

RONALD J. MONDLOCK 7-9-04 312-804-5958
Date Daytime Phone #