

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 15, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P03000117583**

1. Entity Name  
**R & R RISK SERVICES INC.**



Principal Place of Business  
**8321 DELAWARE DR.  
SPRING HILL, FL 34607**

Mailing Address  
**8321 DELAWARE DR.  
SPRING HILL, FL 34607**



03132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>90-0124505</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DIMATTIA, RENEE  
8321 DELAWARE DR.  
SPRING HILL, FL 34607**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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	DIMATTIA, RENEE
STREET ADDRESS	8321 DELAWARE DR.
CITY-ST-ZIP	SPRING HILL, FL 34607

TITLE	VD
NAME	BULGER, RANDAL
STREET ADDRESS	12315 LITTLE RD
CITY-ST-ZIP	HUDSON, FL 34667

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000667351  
03/26/07-80025-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Renee Dimattia **RENEE DIMATTIA** 3-13-07 727-455-2938

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #