

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000098628

1. Entity Name
RISLAKE GENERAL PARTNER CORPORATION



Principal Place of Business
**501 116TH AVENUE NORTH
ST. PETERSBURG, FL 33716**

Mailing Address
**24500 CHAGRIN BLVD
#200
BEACHWOOD, OH 44122**



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3413990

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RISMAN, WILLIAM B
501 116TH AVENUE NORTH
ST. PETERSBURG, FL 33716**

**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 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	CSD
NAME	RISMAN, WILLIAM B
STREET ADDRESS	24500 CHAGRIN BLVD, #200
CITY-ST-ZIP	BEACHWOOD, OH 44122
TITLE	PTD
NAME	RISMAN, ROBERT G
STREET ADDRESS	24500 CHAGRIN BLVD, #200
CITY-ST-ZIP	BEACHWOOD, OH 44122
TITLE	VD
NAME	RISMAN, KATHY J
STREET ADDRESS	24500 CHAGRIN BLVD, #200
CITY-ST-ZIP	BEACHWOOD, OH 44122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/07/04-80007-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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

July 1, 2004

Date

216-464-5130

Daytime Phone #