

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb-01, 2005 08:00 AM
Secretary of State**

DOCUMENT # P96000102359

1. Entity Name
RISMAN RETAIL CORP.



Principal Place of Business
**24500 CHAGRIN BLVD.
SUITE 200
BEACHWOOD, OH 44122**

Mailing Address
**24500 CHAGRIN BLVD.
SUITE 200
BEACHWOOD, OH 44122**



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1848244

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RISMAN, ROBERT R
2730 S OCEAN DR
SUITE 704
PALM BEACH, FL 33480**

**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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
RISMAN, ROBERT R
24500 CHAGRIN BLVD., STE. 200
BEACHWOOD, OH 44122**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
RISMAN, WILLIAM B
24500 CHAGRIN BLVD., STE. 200
BEACHWOOD, OH 44122**

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

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02/02/05-80004-008 150.00

**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: _____

Robert R. Risan, President 1/28/05 216-464-5130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #