


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P97000028902</b>		
1. Entity Name <b>RISCORP STAFFING SOLUTIONS HOLDING COMPANY</b>		
Principal Place of Business <b>1924 SOUTH OSPREY AVENUE SUITE 202 SARASOTA, FL 34239 US</b>	Mailing Address <b>P.O BOX 1329 SARASOTA, FL 34230 US</b>	



04112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0753704</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  <b>MCGINNESS, W. LEE 1800 SECOND STREET SUITE 971 SARASOTA, FL 34236</b>		<b>DO NOT WRITE IN THIS SPACE</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		

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 NAME STREET ADDRESS CITY-ST-ZIP	DP GRIFFIN, WILLIAM D 1924 SOUTH OSPREY AVENUE, SUITE 202 SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST SALSER, RANDAL D 1924 SOUTH OSPREY AVENUE, SUITE 202 SARASOTA, FL 34239
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**DO NOT WRITE  
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05/14/07-80017-014 158.75

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07

Date

(941) 316-6814

Daytime Phone #