2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 15, 2008 08:00 AN Secretary of State

DOCUMENT # P9700 1. Entity Name RISSMAN CORP.	0033438					<i>J</i> = 7.
Principal Place of Business	Mailing Address		_			
10833 BAYSHORE DRIVE WINDERMERE, FL 34786	201 E. PINE ST. 15TH FLOOR ORLANDO, FL 32801			 	 	9 1081 1041001 AL 1091
	ing managang panggang ang m Panggang panggang pa					5 3 3
	and in the contract		01252008	No Chg-P	CR2E034 (1	1/05)
	RITE IN THIS SP.	AGE	4. FEI Number 59-3441			Applied For Not Applicable
			5. Certificate of	of Status Desired		75 Additional Required
RISSMAN, STEVEN A 10833 BAYSHORE DRIVE WINDERMERE, FL 34786	Current Registered Agent		INT	NOT W	ACE	
the obligations of registered agent	atement for the purpose of changing its regi	stered onice or regis	tered agent, or bott	n, in the State of Fid	origa. Tam tamilis	ar with, and accept
SIGNATURE Signature, typed or printed name of reg	stered agent and title if applicable. (NOTE Rec	pstered Agent signature requ	ired when reinstating)		DATE	
FILE NOW!!! FEE IS \$15 After May 1, 2008 Fee will be	9. Election Campaign F Trust Fund Contribut		5.00 May Be dded to Fees			
	ERS AND DIRECTORS -				Market .	in the second
IIILE D NAME RISSMAN, STEVEN A STREET ADDRESS 10833 BAYSHORE DRI CITY-ST-ZIP WINDERMERE, FL 347						
TITLE NAME STREET ADDRESS				02/26/0 02/26/0) 000829136 08-80030-	006 150:00

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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

SIGNATURE:

CITY+ST-ZIP TITLE

NAME STREET ADDRESS CITY+ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

RISSHAN 2/11/08 4078340120