## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF COMMING OFFICER OR DIRECTOR

## Mar 17, 2004 08:00 AM Secretary of State DOCUMENT # P99000041024 RISK ASSOCIATES, INC. Principal Place of Business Mailing Address 11 RICHMOND DRIVE 11 RICHMOND DRIVE NEW SMYRNA BEACH, FL 32169 NEW SMYRNA BEACH, FL 32169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03132004 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For 59-3572477 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEIBOLD, C. ROLLIN JR. Street Address (P.O. Box Number is Not Acceptable) 11 RICHMOND DR. NEW SMYRNA BEACH, FL 32169 City Zip Code 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 Fforida. Lam familiar with, and accept the obligations of registered agent. (NOTE Fregistered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTSD TITLE Delete TSTLE ☐ Addition ☐ Channe SEIBOLD, C. ROLLIN JR NAME NAME STREET ADDRESS 11 RICHMOND DRIVE STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169 CITY-ST-ZIP TIBLE BISE ☐ Oefele Change Addition NAME NAME STREET ADDRESS STREET ADDRESS U00000090800 C3TY - ST - Z3P CITY-ST-ZIP -A19 15A AA Addition ☐ Delete TITLE 7135 F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change Addition MILE NAME NAME STREET ADDRESS STREET ADDRESS City-St-Zip City-St-Zip HILE ☐ Delete HRE Change ☐ Addition NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP C) TY - ST - 282 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.

3-15-04 "

Daytime Phone #

**FILED**