


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000085823 1. Entity Name RISK PROTECTION, INC.	
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Principal Place of Business 800 SECOND AVENUE SOUTH, SUITE 380 ST PETERSBURG, FL 33701	Mailing Address 800 SECOND AVENUE SOUTH, SUITE 380 ST PETERSBURG, FL 33701
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FILED
04 APR 16 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3615837	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LECOMPTE, MORRIS A
800 SECOND AVENUE SOUTH, SUITE 380
ST PETERSBURG, FL 33701

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 MURPHY, PATRICK M 7203-121ST TERRACE LARGO, FL 33733
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LECOMPTE, MORRIS A 100-2ND AVE S SUITE 1201 SAINT PETERSBURG, FL 33701
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04/23/04--01022--001 **150.00

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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: Morris A. LeCompte, Jr 4/9/04 127/896-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #