2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 23, 2007 8:00 am Secretary of State

| DOCUMENT # 240856 1. Entity Name RIGGERS & ERECTORS INTERNATIONAL, INC. | | | | | ı | 08-23-2007 | 90023 026 | ***558.7 | 75 | |
|---|--|---|---|--|-----------------------------|-------------------------------|------------------------|-------------------------|-------------------------------------|--|
| Principal Place | e of Business | Mailing Address | | | 1 0 | | | | | |
| Principal Place of Business Mailing Address 6040 CASTLE COAKLEY 6040 CASTLE COAKLEY CHRISTIANSTED, ST 00820 US CHRISTIANSTED, ST 00 | | | 20 US | | | ; | | | | |
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| 2900 | lace of Business - No P.O. Box # | 3. Mailing Address 2900 Tuxedo | Ave | | | | | | | |
| Suite, Apt. | #. etc. | Suite, Apt. #, etc. | | 0: | 3202007 | Chg-P | CR2E03 | 4 (12/06) | | |
| City & State | | West Palm Bea | d, Fl. | | FEI Number 59-0915 | | | | plied For t Applicable | |
| 33405 | | | Country | | | of Status Desired | F | 8.75 Add ee Required | | |
| | 6. Name and Address of Current Ro | egistered Agent | Name | 7 . | // | Address of New | | gent | | |
| LEWIS, STEVE | | | | | liller, Bruce C. | | | | | |
| 2900 TUXEDO AVE. WEST PALM BEACH, FL 33405 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | City | est A | In Re | | FL | Zip Code | 25 | |
| | named entity submits this statement for t | he purpose of changing its re- | gistered office or | registered a | gent, or both | , in the State of I | Florida. I am fa | | | |
| the obligat | ions of registered agent. | L 0 | j | | | | .1/ | / | | |
| SIGNATURE | Signature, typed or printed name of registered agent and | d title if applicable. (NOTE: Re | egisteyed Agent signatu | re required when | reinstating) | | 08/20/ DATE | <u>07</u> | | |
| 1 | LE NOWIII FEE IS \$550.00 ue by September 14, 2007 | 9. Election Campaign Trust Fund Contrib | | \$5.00 Added to | May Be Fees | | | | | |
| 10. | OFFICERS AND D | IRECTORS | 11. | | .DDITIONS/0 | CHANGES TO O | FFICERS AND | DIRECTORS | S IN 11 | |
| TITLE | Р | | | | | | | | | |
| NAME | (F | ☐ Delete | TITLE | | | | | Change | Addition (| |
| 1 | LEWIS, R S | ☐ Delete | NAME | | | | | ☐ Change | | |
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| STREET ADDRESS CITY-ST-ZIP | LEWIS, R S 800 NW PEACOCK BLVD. PORT ST. LUCIE, FL 34988 | | NAME STREET ADDRESS CITY-ST-ZIP | D/S | | | | | | |
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