

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # 240856

1. Entity Name
RIGGERS & ERECTORS INTERNATIONAL, INC.



Principal Place of Business
**2900 TUXEDO AVE
WEST PALM BEACH, FL 33405 US**

Mailing Address
**2900 TUXEDO AVE
WEST PALM BEACH, FL 33405 US**



02252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0915213

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, BRUCE
2900 TUXEDO AVE.
WEST PALM BEACH, FL 33405**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEWIS, R S
STREET ADDRESS	800 NW PEACOCK BLVD.
CITY-STATE-ZIP	PORT ST. LUCIE, FL 34988
TITLE	D
NAME	MILLER, BRUCE
STREET ADDRESS	2900 TUXEDO AVE.
CITY-STATE-ZIP	WPB, FL 33405
TITLE	D
NAME	WOOLARD, RAYMOND
STREET ADDRESS	4093 DIAMOND RUBY STE. 7-125
CITY-STATE-ZIP	CHRISTIANSTED, VI 00820
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U000000852385
03/26/08-80026-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Bruce C. Miller
Bruce C. Miller

03/05/08

201-683-1003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #