

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90164 005 ***150.00

DOCUMENT # 277118

1. Entity Name

RIGGS INCORPORATED



Principal Place of Business

**600 DATURA STREET
WEST PALM BEACH FL 33401
US**

Mailing Address

**P.O. BOX 2440
WEST PALM BEACH FL 33402
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1030366

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIGGS, THOMAS P., III
600 DATURA ST
WEST PALM BCH FL 33402**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Thomas P. Riggs III

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
NAME **RIGGS, ELIZABETH R.**
STREET ADDRESS **600 DATURA ST**
CITY-ST-ZIP **WEST PALM BCH FL**

TITLE **D** ☐ Delete
NAME **RIGGS, PAULA L**
STREET ADDRESS **600 DATURA ST**
CITY-ST-ZIP **WEST PALM BCH FL**

TITLE **PD** ☐ Delete
NAME **RIGGS, III THOMAS P**
STREET ADDRESS **600 DATURA ST**
CITY-ST-ZIP **WEST PALM BCH FL**

TITLE **STD** ☒ Delete
NAME **RIGGS, MARGARET H**
STREET ADDRESS **600 DATURA ST**
CITY-ST-ZIP **WEST PALM BCH FL** **DECEASED**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Thomas P. Riggs III **T.P. RIGGS, III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-28-05

Date

Daytime Phone #