


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90094 022 \*\*\*150.00

<b>DOCUMENT #277118</b> 1. Entity Name <b>RIGGS INCORPORATED</b>					
Principal Place of Business <b>600 DATURA STREET WEST PALM BEACH, FL 33401 US</b>			Mailing Address <b>P.O. BOX 2440 WEST PALM BEACH, FL 33402 US</b>		
2. Principal Place of Business <b>c/o 567 Ontario Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>567 ONTARIO RD</b> Suite, Apt. #, etc.			
City & State <b>West Palm Beach</b>		City & State <b>WEST PALM BEACH, FL.</b>		4. FEI Number <b>59-1030366</b>	
Zip <b>33415</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RIGGS-THOMAS P., III - 600 DATURA ST WEST PALM BCH, FL 33402</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>567 ONTARIO ROAD</b> City <b>WEST PALM BEACH FL</b> Zip Code <b>33415</b>		
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 <b>J.P. Riggs III</b> DATE <b>3/1/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
9. Election Campaign Financing <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution <input type="checkbox"/>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIGGS, ELIZABETH R. 600 DATURA ST WEST PALM BCH, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>40 567 ONTARIO ROAD</b> <b>W. P. B. FL 33415</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGGS, PAULA L 600 DATURA ST WEST PALM BCH, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>c/o 567 ONTARIO ROAD</b> <b>W. P. B. FL 33415</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIGGS, III THOMAS P 600 DATURA ST WEST PALM BCH, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>c/o 567 ONTARIO ROAD</b> <b>W. P. B. FL 33415</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>J.P. Riggs III</b> DATE: <b>3-1-06</b> DAYTIME PHONE: <b>561-686-4570</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					