



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 332090 1. Entity Name M. A. RIGONI, INC.			
Principal Place of Business 2365 N US 19 PERRY, FL 32347 US		Mailing Address 2365 N US 19 PERRY, FL 32347 US	
DO NOT WRITE IN THIS SPACE			
		04122005 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-1216096		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 SCHWAB, RODNEY P 2365 N US 19 PERRY, FL 32347		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P	DO NOT WRITE IN THIS SPACE	
NAME	SCWAB, RODNEY P		
STREET ADDRESS	2365 N US 19		
CITY - ST - ZIP	PERRY, FL 32347		
TITLE	ST		
NAME	BRETT, GARY A		
STREET ADDRESS	1448 BILL ADAMS RD	DO NOT WRITE IN THIS SPACE	
CITY - ST - ZIP	PERRY, FL		
TITLE	VP		
NAME	BRETT, GARY A		
STREET ADDRESS	1448 BILL ADAMS RD		
CITY - ST - ZIP	PERRY, FL		
TITLE		DO NOT WRITE IN THIS SPACE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS		DO NOT WRITE IN THIS SPACE	
CITY - ST - ZIP			
TITLE			
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 19.07(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: 		4/12/05 (850) 584-7030	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

Gary A. Brett