## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2007 08:00 A Secretary of State **DOCUMENT #650760** UNITED RIGGING, INC. Principal Place of Business Mailing Address 351 ZOO PKWY 351 ZOO PKWY JACKSONVILLE, FL 32226 JACKSONVILLE, FL 32226 CR2F034 (11/05) 04232007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1976190 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROOKS, MICHAEL L DO NOT WRITE 437 E MONROE STREET **STE 202** IN THIS SPACE JACKSONVILLE, FL 32226 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME HARBISON, PHILIP V., SR. 351 HECKSCHER DRIVE STREET ADDRESS U00000740172 JACKSONVILLE, FL CITY-ST-ZIP TITLE MUELLER, DEWAYNE M NAME STREET ADDRESS 351 HECKSCHER DRIVE CITY-ST-ZIP JACKSONVILLE, FL TITLE NAME STREET ADDRESS DO NOT WRIT CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

f/25/200)

Daytime Phone #

**FILED**