


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90112 013 ***150.00

DOCUMENT # 834764					
1. Entity Name BOB RIGEL, INC.					
Principal Place of Business P.O. BOX 6201 JENSON BCH FL 34957 US			Mailing Address P O BOX 6201 JENSEN BEACH FL 34957 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1632057	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RIGEL, ROBERT P. 4193 NE RIGEL COVE WAY STUART FL 34996 <i>new address</i>			Name <i>RIGEL, Robert P</i> Street Address (P.O. Box Number is Not Acceptable) <i>3434 Fairway West</i> City <i>Stuart</i> FL Zip Code <i>34997</i>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	1 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HAIGHT, KAREN	NAME	<i>D Rigel Pamela</i>		
STREET ADDRESS	3937 LINDA RD.	STREET ADDRESS	<i>2288 SE Dumbrooks Cir</i>		
CITY-ST-ZIP	HILLIARD OH	CITY-ST-ZIP	<i>Stuart FL 34952</i>		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIGEL, ROBERT P.	NAME			
STREET ADDRESS	9 EAST HIGH PT.	STREET ADDRESS			
CITY-ST-ZIP	STUART FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIGEL, ROBERT A.	NAME			
STREET ADDRESS	2702 FAIRWAY	STREET ADDRESS			
CITY-ST-ZIP	FT. PIERCE FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EPLEY, JUDY	NAME			
STREET ADDRESS	159 S. DEWEY ST.	STREET ADDRESS			
CITY-ST-ZIP	LIMA OH	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HALL, SHELLY	NAME			
STREET ADDRESS	P. O. BOX 3103 N/A	STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LONG, BRYAN	NAME			
STREET ADDRESS	325 N.E. 121ST TERR.	STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI FL	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: *Robert P Rigel* **3/4/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #