

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90245 008 \*\*\*550.00

**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

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

**59-1632057**

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

**RIGEL, ROBERT P.**  
**3434 FAIRWAY WEST**  
**STUART FL 34997**

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME HAIGHT, KAREN  
STREET ADDRESS 3937 LINDA RD.  
CITY-ST-ZIP HILLIARD OH

TITLE ☐ Change ☒ Addition  
NAME **Dr Ann Rigel**  
STREET ADDRESS **2288 S E Dunbrooke Cir**  
CITY-ST-ZIP **Pt St Lucie FL 34952**

TITLE PD ☐ Delete  
NAME RIGEL, ROBERT P.  
STREET ADDRESS 9 EAST HIGH PT.  
CITY-ST-ZIP STUART FL

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

TITLE D ☐ Delete  
NAME RIGEL, ROBERT A.  
STREET ADDRESS 2702 FAIRWAY  
CITY-ST-ZIP FT. PIERCE FL

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

TITLE D ☐ Delete  
NAME EPLEY, JUDY  
STREET ADDRESS 159 S. DEWEY ST.  
CITY-ST-ZIP LIMA OH

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

TITLE D ☐ Delete  
NAME HALL, SHELLEY  
STREET ADDRESS P. O. BOX 3103 N/A  
CITY-ST-ZIP WINTER PARK FL

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

TITLE D ☐ Delete  
NAME LONG, BRYAN  
STREET ADDRESS 325 N.E. 121ST TERR.  
CITY-ST-ZIP N. MIAMI FL

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 exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/11/06 112292422**  
Date Daytime Phone