

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90018 035 ***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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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

RIGEL, ROBERT P.
3434 FAIRWAY WEST
STUART FL 34997

7. Name and Address of New Registered Agent

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 reinstating)

DATE

3-16-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

TITLE	D	<input type="checkbox"/> Delete
NAME	HAIGHT, KAREN	
STREET ADDRESS	3937 LINDA RD.	
CITY-ST-ZIP	HILLIARD OH	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RIGEL, ROBERT P.	
STREET ADDRESS	9 EAST HIGH PT.	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIGEL, ROBERT A.	
STREET ADDRESS	2702 FAIRWAY	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EPLEY, JUDY	
STREET ADDRESS	159 S. DEWEY ST.	
CITY-ST-ZIP	LIMA OH	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, SHELLY	
STREET ADDRESS	P. O. BOX 3103 N/A	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LONG, BRYAN	
STREET ADDRESS	325 N.E. 121ST TERR.	
CITY-ST-ZIP	N. MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pamela S Rigel	
STREET ADDRESS	2255 SE Dunbrooke Cir	
CITY-ST-ZIP	PT ST LUCIE FL 34957	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kyp Rigel	
STREET ADDRESS	7449 Canolton Rd	
CITY-ST-ZIP	PT ST LUCIE FL 34957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

3/14/07 772 2292422