

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 15 AM 8:00



DOCUMENT # F60570

1. Entity Name
E. D. RIGGINS, INC.

Principal Place of Business
6599 140TH LANE N
N. PALM BEACH, FL 33408

Mailing Address
6599 140TH LANE N
N. PALM BEACH, FL 33408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01212004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2160428

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

RIGGINS, DANIELLE
6599 140TH LANE N
WEST PALM BEACH, FL 33418

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME RIGGINS, EDWARD D III
STREET ADDRESS 6599 140TH LANE N
CITY-ST-ZIP WEST PALM BEACH, FL 33418

TITLE PST ☐ Delete
NAME RIGGINS, EDWARD D III
STREET ADDRESS 6599 140TH LANE N
CITY-ST-ZIP WEST PALM BEACH, FL 33418

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300027771563
01/29/04--01030--024 **150.00

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

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

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

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

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 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:

See Sheet Attached

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



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Document Number

F60570

Business Entity Name

E. D. RIGGINS, INC.

FEI Number

592160428

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

6599 140TH LANE N

Suite, Apt. #, etc.

City, State

N. PALM BEACH

FL

Zip Code & Country

33408

Mailing Address

Address

6599 140TH LANE N

Suite, Apt. #, etc.

City, State

N. PALM BEACH

FL

Zip Code & Country

33408

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

RIGGINS

EDWARD

-or- RA Business Name

Address

6599 140TH LANE N

Suite, Apt. #, etc.

City, State

WEST PALM BEACH

FL

Zip Code & Country

33418

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature EDWARD RIGGINS



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Document Number
F60570
Business Entity Name
E. D. RIGGINS, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address

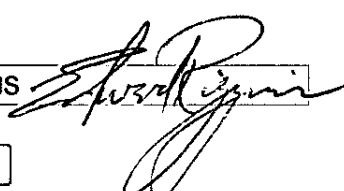
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4074

City, State		
Zip Code & Country		
Title		
Name (Last, First, Middle, Title)		
-or- Entity Name		
Street Address		
City, State		
Zip Code & Country		
Title		
Name (Last, First, Middle, Title)		
-or- Entity Name		
Street Address		
City, State		
Zip Code & Country		

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title	PST
Officer/Director Signature	EDWARD RIGGINS 
Continue Reset	

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