

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M82221

Entity Name: TOM RUGGIRELLO AGENCY, INC.

FILED  
Jan 05, 2006  
Secretary of State

**Current Principal Place of Business:**

4501 SOUTH U.S. #1  
FT. PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 13120  
FT. PIERCE, FL 349793120 US

**New Mailing Address:**

FEI Number: 65-0049541

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUGGIRELLO, THOMAS F.  
1887 SW SPRINGFIELD CT  
PALM CITY, FL 34990 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: RUGGIRELLO, THOMAS F. .  
Address: 1887 SW SPRINGFIELD CT  
City-St-Zip: PALM CITY, FL 34990 US

Title: DVS ( ) Delete  
Name: MARTIN, MARY E.  
Address: 498 BUXTON AVENUE  
City-St-Zip: PT. ST. LUCIE, FL 34983 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS F RUGGIRELLO

DPT

01/05/2006

Electronic Signature of Signing Officer or Director

Date