
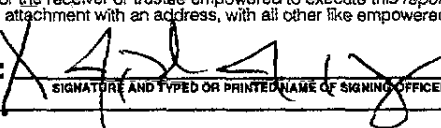


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000023425 1. Entity Name RUGGERI HOME IMPROVEMENT, INC.		
Principal Place of Business 205 WALER WAY #2 B ST. AUGUSTINE, FL 32086	Mailing Address 205 WALER WAY #2 B ST. AUGUSTINE, FL 32086	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LARIZZA, R.J. 28 CORDOVA STREET ST. AUGUSTINE, FL 32084		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUGGERI, JOSEPH J 4413 EAGLE CREEK CT. ELKTON, FL 32033	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCOTT, JEFFERY A 121 OCEAN BLVD. ST. AUGUSTINE, FL 32095	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RUGGERI, JOHN 460 VAILL PT. RD ST. AUGUSTINE, FL 32086	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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)(f), 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 # _____		



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3702259	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/10/05-80026-005 150.00