

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90127 022 \*\*\*150.00

**DOCUMENT # P02000114448**

1. Entity Name  
TC RIGGI CONSTRUCTION, INC.



Principal Place of Business  
126 SOUTH SHORE DR., #20  
DESTIN, FL 32550

Mailing Address  
126 SOUTH SHORE DR., #20  
DESTIN, FL 32550

50034329



2. Principal Place of Business  
12671 US Hwy 98

3. Mailing Address Same as #2

Suite, Apt. #, etc.  
217-3

Suite, Apt. #, etc.

04032005 Chg-P CR2E034 (10/03)

City & State  
Destin, F.L.

City & State

4. FEI Number  
13-4223245

Applied For  
Not Applicable

Zip  
32541

Country  
USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

VIOLETTE, MARK A.P.A.  
34990 EMERALD COAST PKWY 4TH FL. SUIT 403  
DESTIN, FL 32541

## 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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE: P  
NAME: TOMMASONE, GERALD R  
STREET ADDRESS: 126 SOUTH SHORE DR. #20  
CITY-ST-ZIP: MIRAMAR BEACH, FL 32550

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
NAME:   
STREET ADDRESS: 6334 Augusta Cove  
CITY-ST-ZIP: Destin, FL 32541

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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)(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: Gerald R. Tommasone - Gerald R. Tommasone President 4/4/05 850-204-4443  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #