

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State



DOCUMENT # P04000065724

1. Entity Name
RIGGLE INCORPORATED

Principal Place of Business
1087 PRESCOTT BLVD
DELTONA, FL 32738 US

Mailing Address
1087 PRESCOTT BLVD
DELTONA, FL 32738 US



03242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1076310 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

RIGGLE, AMY E
1087 PRESCOTT BLVD
DELTONA, FL 32738

**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

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, 2006 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, D
NAME RIGGLE, AMY E
STREET ADDRESS 1087 PRESCOTT BLVD
CITY-ST-ZIP DELTONA, FL 32738

TITLE VP, S
NAME RIGGLE, ROGER B JR.
STREET ADDRESS 17808 PRINCESS ANNE DR
CITY-ST-ZIP OLNEY, MD 20832

TITLE T, D
NAME RIGGLE, ROGER B JR.
STREET ADDRESS 17808 PRINCESS ANNE DR
CITY-ST-ZIP OLNEY, MD 20832

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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05/01/06 80055-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4/14/06 386 860-7988
Date Daytime Phone #