

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-15-2007 90032 035 ***158.75

DOCUMENT # P93000036624	
1. Entity Name RUGGERI CONSTRUCTION INC.	

Principal Place of Business 815 SR 206 E SAINT AUGUSTINE, FL 32086 US	Mailing Address 815 SR 206 E SAINT AUGUSTINE, FL 32086 US
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2. Principal Place of Business No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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03262007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3197223	Applied For Not Applied
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RUGGERI, JOHN R. 815 SR 206 E ST. AUGUSTINE, FL 32086	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Accepted) City FL Zip Code	
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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.

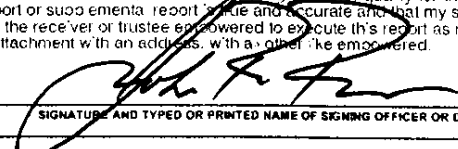
SIGNATURE _____
Signature of the officer or director of the corporation or the registered agent, or both, as applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	VP RUGGERI, JOHN 460 VMI PT RD. ST. AUGUSTINE, FL ☒ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	P RUGGERI, JOHN 815 STATE ROAD 206 EAST SAINT AUGUSTINE, FL 32086 ☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

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 a other like empowered.

SIGNATURE:  **March 26 07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR