

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000037371

FILED
Feb 01, 2006
Secretary of State

Entity Name: RIGELL, RING & ARDMAN, P.A.

Current Principal Place of Business:

1615 FORUM PLACE
SUITE 200
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

PO BOX 3148
WEST PALM BEACH, FL 334023148

New Mailing Address:

1615 FORUM PLACE
SUITE 200
WEST PALM BEACH, FL 33401

FEI Number: 65-0411923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIGELL, DAVID R
1615 FORUM PLACE
SUITE 200
WEST PALM BEACH, FL 33401 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: D () Delete
Name: RIGELL, DAVID R
Address: 8640 THOUSAND PINE COURT
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D () Delete
Name: RING, MICHAEL J
Address: 2810 NE 40TH ST
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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: LAURI A. LINGERFELT

ADM

02/01/2006

Electronic Signature of Signing Officer or Director

_____ Date