

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90060 003 \*\*\*150.00

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01032007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P94000040419</b>					
<b>1. Entity Name</b> RIGGINS, ATKINSON, COMBS & ASSOCIATES, INC.					
<b>Principal Place of Business</b> 18840 US HWY 19 N. SUITE 401 CLEARWATER, FL 33764 US			<b>Mailing Address</b> 18840 US HWY 19 N. SUITE 401 CLEARWATER, FL 33764 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 2528 NE Coachman Road		<b>3. Mailing Address</b> 2528 NE Coachman Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Clearwater Florida		<b>City &amp; State</b> Clearwater Florida		<b>4. FEI Number</b> 59-3247209	
<b>Zip</b> 33765		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> NATIONSCORP REGISTERED AGENTS, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> DP	<input type="checkbox"/> Delete				
<b>NAME</b> RIGGINS, ROBERT E	RIGGINS, ROBERT E				
<b>STREET ADDRESS</b> 18840 US HWY 19 NORTH, SUITE 401	18840 US HWY 19 NORTH, SUITE 401				
<b>CITY-ST-ZIP</b> CLEARWATER, FL 33764	CLEARWATER, FL 33764				
<b>TITLE</b> DV	<input type="checkbox"/> Delete				
<b>NAME</b> ATKINSON, WILLIAM W	ATKINSON, WILLIAM W				
<b>STREET ADDRESS</b> 18840 US HWY 19 NORTH SUITE 401	18840 US HWY 19 NORTH SUITE 401				
<b>CITY-ST-ZIP</b> CLEARWATER, FL 33764	CLEARWATER, FL 33764				
<b>TITLE</b> NAME	<input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> CITY-ST-ZIP	CITY-ST-ZIP				
<b>TITLE</b> NAME	<input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> CITY-ST-ZIP	CITY-ST-ZIP				
<b>TITLE</b> NAME	<input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> CITY-ST-ZIP	CITY-ST-ZIP				
<b>TITLE</b> NAME	<input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> CITY-ST-ZIP	CITY-ST-ZIP				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<b>TITLE</b> NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>STREET ADDRESS</b> CITY-ST-ZIP	2528 NE Coachman Road Clearwater FL 33765				
<b>TITLE</b> NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>STREET ADDRESS</b> CITY-ST-ZIP	2528 NE Coachman Road Clearwater FL 33765				
<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>STREET ADDRESS</b> CITY-ST-ZIP	CITY-ST-ZIP				
<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>STREET ADDRESS</b> CITY-ST-ZIP	CITY-ST-ZIP				
<b>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.</b>					
<b>SIGNATURE:</b> <u>William W. Atkinson</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
1/3/07 727-530-9793					
Date Daytime Phone #					