## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P97000012200 Entity Name 04-29-2004 90221 041 \*\*\*150.00 RIGGS ENTRY FEATURES, INC. Principal Place of Business Mailing Address 2955 HARTLEY ROAD 2955 HARTLEY ROAD ニ のまのしててむれ STE 108 JACKSONVILLE FL 32257, JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3426857 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 'MATOVINA; GREGORY E = 7 - - - - - - -Street Address (P.O. Box Number is Not Acceptable) 2955 HARTLEY ROAD, **STE 108** JACKSONVILLE FL 32257 City 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 agents. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Addition ☐ Delete NAME RIGGS, DENNIS NAME STREET ADDRESS 2955 HARTLEY RD, STE 108 STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition MATOVINA, GREGORY E NAME NAME STREET ADDRESS 2455 HARTLEY ROAD, SUITE 108 STREET ADDRESS CITY-ST-ZIE JACKSONVILLE FL 32257 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME . . . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 tike empowered.

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NG OFFICER OR DIRECTOR

SIGNATURE:

FILED