2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000012200

1. Entity Name RIGGS ENTRY FEATURES, INC.



FILED Apr 18, 2008 08:00 A Secretary of State

Principal Place of Business

2955 HARTLEY ROAD STE 108 JACKSONVILLE, FL 32257 Mailing Address

2955 HARTLEY ROAD STE 108 JACKSONVILLE, FL 32257

No Chg-P

DO NOT WRITE IN THIS SPACE

The state of the s

6. Name and Address of Current Registered Agent

4. FEI Number Applied For 59-3426857 Not Applied be

5. Certificate of Status Desired

04102008

\$8.75 Additional Fee Required

CR2E034 (11/05)

MATOVINA, GREGORY E 2955 HARTLEY ROAD, STE 108 JACKSONVILLE EL 32257 DO NOT WRITE IN THIS SPACE

STE 108 JACKSONVILLE, FL 32257			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 little is	f applicable (NOTE: Registere	d Agent signatur	a required when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	Union	ringneveo	
10.	OFFICERS AND DIREC	TORS	1 . 4		05/01/0	8-80056-006 150.00	
NAME STREET ADDRESS CITY-ST-ZIP	D RIGGS, DENNIS 2955 HARTLEY RD, STE 108 JACKSONVILLE, FL 32257						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATOVINA, GREGORY E 2455 HARTLEY ROAD, SUITE 108 JACKSONVILLE, FL 32257						
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO	NOT W	/RITE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN	THIS SI	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. Thereby 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							

12. I nereby certify that the information supplied with this filling does not qualify for the exemptions contained in Unapter 119, Horida Statules, 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 HID TYPED OR PRINTED TRAME OF SIGNING OFFICER OR DIRECTOR

4/14/08 904:29-0728