## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 21, 2008 08:00 Al DOCUMENT # P97000027379 Secretary of State RUNN RIGG CONSULTING, INC. Principal Place of Business Mailing Address 101 TENNESSEE AVE. N.E. 101 TENNESSEE AVE. N.E. ST. PETERSBURG, FL 33702 ST. PETERSBURG, FL 33702 02172008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3441959 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PEASE, THOMAS E DO NOT WRITE 29605 US HIGHWAY 19 NORTH **SUITE 130** IN THIS SPACE CLEARWATER, FL 34621 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) <sup>ove</sup> Choopppaap<u>d</u>a 02/28/08-80028-017 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME WATSON, DONNA H STREET ADDRESS 101 TENNESSEE AVE. N.E. CITY-ST-ZIP ST. PETERSBURG, FL 33702 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CDY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7(P

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/2008

727-521-4738

FILED

Daytime Phone #