

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90037 009 ***150.00

DOCUMENT # P97000057998

1. Entity Name

RIGGIO & MITCHELL, P.A.



Principal Place of Business

400 SOUTH PALMETTO AVENUE
DAYTONA BEACH FL 32114

Mailing Address

400 SOUTH PALMETTO AVENUE
DAYTONA BEACH FL 32114



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/07)

Zip

Country

Zip

Country

4. FEI Number

59-3458487

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, JEROME D ESQ.
400 SOUTH PALMETTO AVENUE
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name

Robert J. Riggio, Esq.

Street Address (P.O. Box Number is Not Acceptable)

400 S. Palmetto Avenue

City

Daytona Beach

FL

Zip Code

32114

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

Robert J. Riggio

(NOTE: Registered Agent signature required when reappointing)

DATE

04-29-08

FREE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | MITCHELL, JEROME D | |
| STREET ADDRESS | 400 SOUTH PALMETTO AVENUE | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32114 | |
| TITLE | CEOV | <input type="checkbox"/> Delete |
| NAME | RIGGIO, ROBERT J | |
| STREET ADDRESS | 400 SOUTH PALMETTO AVENUE | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32114 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | CEOPVD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Robert J. Riggio | |
| STREET ADDRESS | 400 S. Palmetto Ave. | |
| CITY-ST-ZIP | Daytona Beach, FL 32114 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robert J. Riggio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-08

386-252-3004

Date

Daytime Phone #