

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # S73182

1. Entity Name

RIGAS COMMUNICATIONS, INC.



Principal Place of Business

**4031 GULF SHORE BOULEVARD N PH1E
NAPLES FL 34103
US**

Mailing Address

**4031 GULF SHORE BOULEVARD N PH1E
NAPLES FL 34103
US**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **65-0290926**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIGAS, CONSTANTINE J.
4031 GULF SHORE BLVD N. PH1E
NAPLES FL 34103**

Name

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

City

FL

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 agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	RIGAS, CONSTANTINE J.	
STREET ADDRESS	4031 GULF SHORE BV N PH1	
CITY-STATE-ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RIGAS, JOHN C.	
STREET ADDRESS	18 BEECHNUT TERRACE	
CITY-STATE-ZIP	ITHACA NY	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PEASE, DIANA R.	
STREET ADDRESS	35 N HIGHLAND AVENUE	
CITY-STATE-ZIP	WELLSVILLE NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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STREET ADDRESS		
CITY-STATE-ZIP		

U00000634049
02/21/07-80089-020 150.00

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:

Constantine J. Rigas **CONSTANTINE J. RIGAS** 2/16/07 239-649-4637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *