

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90060 036 ***150.00

DOCUMENT # P01000068698

1. Entity Name
LAW OFFICES OF R. TERRY RIGSBY, P.A.



Principal Place of Business
215 S. MONROE ST.
505
TALLAHASSEE, FL 32301

Mailing Address
215 S. MONROE ST., STE. ~~400~~
505
TALLAHASSEE, FL 32301

94032965



2. Principal Place of Business

same

3. Mailing Address

215 S. Monroe Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 505

01062004

Chg-P

CR2E034 (10/03)

City & State

City & State

Tallahassee, FL

4. FEI Number

59-3731200

Applied For

Not Applicable

Zip

Country

Zip

32301

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIGSBY, R. TERRY
215 S. MONROE ST., STE. 505
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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

R. Terry Rigby

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

(NOTE: Registered Agent signature required when reinstating)

1-7-04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
RIGSBY, R. TERRY
215 S. MONROE ST., STE 505
TALLAHASSEE, FL 32301

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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 like empowered.

SIGNATURE:

R. Terry Rigby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-04 (850) 224-8676