

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91233 050 \*\*\*150.00

**DOCUMENT # P03000015072**

1. Entity Name  
**RIGNEY ENTERPRISES, INC.**



Principal Place of Business  
**2293 WILSHIRE DRIVE  
DUNEDIN FL 34698**

Mailing Address  
**2293 WILSHIRE DRIVE  
DUNEDIN FL 34698**

**10128 River Oaks Circle**

2. Principal Place of Business  
**Glen St. Mary FL**

3. Mailing Address  
**10128 River Oaks Circle**

Suite, Apt. #, etc.  
**Glen St. Mary FL**

Suite, Apt. #, etc.  
**Glen St. Mary**

City & State  
**Glen St. Mary**

City & State  
**Glen St. Mary**

Zip  
**32040**

Country  
**Baker**

Zip  
**32040**

Country  
**Baker**

**66425616**

MOORE CR2E034 (11/03)

4. FEI Number  
**30-0202634**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RIGNEY, JAMES R  
2293 WILSHIRE DRIVE  
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent  
Name  
**James R RIGNEY**  
Street Address (P.O. Box Number is Not Acceptable)  
**10128 River Oaks Circle**  
**Glen St. Mary**  
City  
**FL** Zip Code  
**32040**

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 reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROGNEY, JAMES R 2293 WILSHIRE DRIVE DUNEDIN FL 34698</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>James R Rigney 10128 River OAK Circle GLEN ST Mary FL 32040</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **James R Rigney** **4-30-04** **727-647-2664**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #