

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000003280**

1. Entity Name  
**RIGSBY NURSERY, INC.**



Principal Place of Business  
**18671 PALM CREEK DRIVE  
NORTH FORT MYERS, FL 33917**

Mailing Address  
**PO BOX 50910  
FORT MYERS, FL 33994-0910**



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0722211** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**RIGSBY, DAVID M  
18671 PALM CREEK DRIVE  
NORTH FORT MYERS, FL 33917**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

**U00000128030  
04/26/04-80022-017 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	RIGSBY, DAVID M
STREET ADDRESS	18671 PALM CREEK DRIVE
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
TITLE	D
NAME	RIGSBY, BARBARA
STREET ADDRESS	18671 PALM CREEK DRIVE
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** David M. Rigby **David M. Rigby** 4-21-04 239-543-3379  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #