


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000003286

1. Entity Name
PROFESSIONAL AGRICULTURAL LAND MANAGEMENT, INC.



Principal Place of Business Mailing Address

**18671 PALM CREEK DRIVE
 NORTH FORT MYERS FL 33917** **18671 PALM CREEK DRIVE
 NORTH FORT MYERS FL 33917**



2. Principal Place of Business 3. Mailing Address

18671 Palm Creek Dr **18671 Palm Creek Dr**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

North Fort Myers FL

1st MOORE CR2E034 (10/05)

City & State City & State

North Fort Myers FL **North Fort Myers FL**

Zip Country Zip Country

33917 Lee **33917 Lee**

4. FEI Number Applied For

65-0722207 Not Applicable

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

6. Name and Address of Current Registered Agent

**RIGSBY, ROBERT W
 18671 PALM CREEK DRIVE, N.
 NORTH FORT MYERS FL 33917**

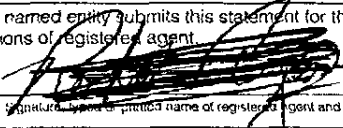
7. Name and Address of New Registered Agent

Name _____

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

City _____ State **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  DATE **3-21-06**

Signature must be printed name of registered agent and true if applicable NOTICE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	RIGSBY, ROBERT W	18671 PALM CREEK DRIVE	NORTH FT MYERS FL 33917	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: 

3-21-06 239-543 3325