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
18671 PALM CREEK DRIVE
NORTH FORT MYERS FL 33917

Mailing Address
18671 PALM CREEK DRIVE
NORTH FORT MYERS FL 33917

1st MOORE CR2E034 (10/05)

2. Principal Place of Business
18671 Palm Creek DR
Suite, Apt. #, etc.

3. Mailing Address
18671 Palm Creek D.
Suite, Apt. #, etc.
North Fort Myers FL

City & State: North Fort Myers FL
Zip: 33917 Country: Lee

City & State
Zip: 33917 Country: Lee

4. FEI Number 65-0722207 ☐ Applied For ☐ Not Applied

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 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 accep the obligations of registered agent.

SIGNATURE [signature] 3-21-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

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 Trust Fund Contribution. ☐ **$5.00** May D Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D ☐ Delete
NAME	RIGSBY, ROBERT W
STREET ADDRESS	18671 PALM CREEK DRIVE
CITY-ST-ZIP	NORTH FT MYERS FL 33917
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	H00000481098
CITY-ST-ZIP	04/11/06 80018-016 150.00
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: [signature] 3-21-06 239-543 3325