2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000003300

1. Entity Name

R&H RIGSBY, INC.



Principal Place of Business

Mailing Address

18671 PALM CREEK DRIVE NORTH FORT MYERS, FL 33917 PO BOX 50910 FORT MYERS, FL 33994-0910

FILED Apr 29, 2004 08:00 AM Secretary of State



03302004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0722217 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RIGSBY, ROBERT W DO NOT WRITE 18671 PALM CREEK DRIVE NORTH FORT MYERS, FL 33917 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 Signature typed or printed name of registered agent and tibe 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. Electron Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE RIGSBY, ROBERT W NAME STREET ADDRESS 18671 PALM CREEK DRIVE CITY-ST-ZIP NORTH FORT MYERS, FL 33917 TITLE IVANE STREET ADDRESS CITY-ST-ZIP million of the supply samples affiliated the first three projects that a same and the same of the same and the same of the same of the same and the same of the sa TILE NAME DO NOT WRITE STREET ADDRESS CITY-ST-719 IN THIS SPACE IMLE MAME STREET ADDRESS CITY ST ZIP TETO F NAME STREET ADDRESS CITY-ST-ZIP TIME

12. I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes if 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 office impowered.

NAME STREET ADDRESS CITY-ST-ZIP