

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000072310

1. Entity Name
PRO GOLF DISCOUNT OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
24600 TAMIAAMI TR SOUTH, STE
STE 500
BONITA SPRINGS, FL 34134

Mailing Address
24600 TAMIAAMI TRAIL S.
STE 500
BONITA SPRINGS, FL 34134



01142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3529417

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RIGSBY, CHRIS L
24600 TAMIAAMI TR SOUTH, STE
BONITA SPRINGS, FL 34134

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reattesting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000430306
02/22/06-80040-019 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME RIGSBY, CHRIS L
STREET ADDRESS 24600 TAMIAAMI TRAIL S. STE 500
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE DVP
NAME RIGSBY, CAROLEE
STREET ADDRESS 24600 TAMIAAMI TRAIL S. STE 500
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE DVP
NAME RIGSBY, PHILLIP M
STREET ADDRESS 24600 TAMIAAMI TRAIL S. STE 500
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Chris L. Rigby*

CHRIS L. RIGSBY-DIRECTOR

2-7-06

239-947-2582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #