


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90151 025 \*\*\*150.00

DOCUMENT # P01000105768 1. Entity Name R.F.B. INC.	
--	---

Principal Place of Business 5760 YOUNGQUIST ROAD UNIT 3 FT MYERS, FL 33912	Mailing Address 5760 YOUNGQUIST ROAD UNIT 3 FT MYERS, FL 33912
--	--

**DO NOT WRITE IN THIS SPACE**

	
01112006 No Chg-P	CR2E034 (11/05)
4. FEI Number 65-1154701	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

REDBURN, MICHAEL A  
 21351 HAPPY HOLLOW LN  
 ESTRO, FL 33928

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REDBURN, MICHAEL A 21351 HAPPY HOLLOW LN ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REDBURN, JOE A 9344 SAN CARLOS BLVD - 17544 DUGUESNE RD FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REDBURN, LAURA M 9344 SAN CARLOS BLVD 17544 DUGUESNE RD FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REDBURN, AUDREY A 21351 HAPPY HOLLOW LN ESTERO, FL 33928
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 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:  DATE: 4-19-06 DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR