


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2007 8:00 am
Secretary of State

08-16-2007 90015 013 ***550.00

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**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



08132007 Chg-P CR2E034 (12/06)

4. FEI Number
65-1154701

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Michael A Redburn

Street Address (P.O. Box Number is Not Acceptable)
4003 6th ST W

City
Lehigh Acres FL Zip Code
33971

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 *Michael A Redburn* DATE 8-13-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$550.00
 Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	REDBURN, MICHAEL A	
STREET ADDRESS	21351 HAPPY HOLLOW LN	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	VP	<input type="checkbox"/> Delete
NAME	REDBURN, JOE A	
STREET ADDRESS	17544 DUQUESNE ROA	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	S	<input type="checkbox"/> Delete
NAME	REDBURN, LAURA M	
STREET ADDRESS	17544 DUQUESNE RD	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	T	<input type="checkbox"/> Delete
NAME	REDBURN, AUDREY A	
STREET ADDRESS	21351 HAPPY HOLLOW LN	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Redburn Michael A	
STREET ADDRESS	4003 6th ST W	
CITY-ST-ZIP	Lehigh Acres FL 33971	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Redburn Audrey A	
STREET ADDRESS	4003 6th ST W	
CITY-ST-ZIP	Lehigh Acres FL 33971	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Michael A Redburn* DATE 8-13-07 DAYTIME PHONE # 239-491-2454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR