


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # P04000072598
 1. Entity Name
RB OFFICE PARK OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
8173 E. BAY BLVD. **8173 E. BAY BLVD.**
NAVARRE, FL 32566 **NAVARRE, FL 32566**

DO NOT WRITE IN THIS SPACE



01162008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 20-1188340 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
ROBBINS, DOUG
8173 E. BAY BLVD.
NAVARRE, FL 32566

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

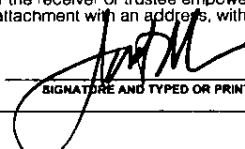
10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ROBBINS, DOUG 8173 E. BAY BLVD. NAVARRE, FL 32566 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ROBBINS, JUSTIN 8173 E. BAY BLVD. NAVARRE, FL 32566 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST ROBBINS, DEBBIE 8173 E. BAY BLVD. NAVARRE, FL 32566 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

011620080890340
 04/23/08-80003-013 150.00

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:  **4/7/08** **850-939-5464**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #