## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Feb 12, 2007 08:00 AM **DOCUMENT # 279034 Secretary of State** 1. Entity Name R B S INC Principal Place of Business Mailing Address **ROUTE 60 WEST** PO BOX 490 WHITE SULPHUR SPRGS WV 24986 WHITE SULPHUR SPRGS WV 24986 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt #. etc 1st MOORE CR2E034 (10/06) City & State City & Stato Applied For 4. FEI Numbor 55-0477166 Not Applicable Żιρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SNYDER, RONALD B Street Address (P.O. Box Number is Not Acceptable) 940 TURTLE COVE LANE **UNIT 115** VERO BEACH FL 32963 City Zip Code 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 re-instaling) DATE FILE NOW!!! FEE IS \$150.00 + 8.75 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DHE ☐ Delete TITLE ☐ Change ☐ Addition 000000632586 SNYDER, RONALD B NAME NAME na/21/07-80028-003 158.75 647 EAST WASHINGTON STREET STREET ADDRESS STREET ADORESS LEWISBURG WV 24901 CITY-ST-7IP CHY-SI-ZIP HHE ☐ Delete TITLE Change Addition SNYDER, SUZANNE MAMI. NAMI 647 EAST WASHINGTON STREET STREET ADDRESS STREET ADDRESS LEWISBURG WV 24901 CITY+ST-ZIP CHY-SI-7IP HIEE SD 🔲 Մոխին TITLE ☐ Addition NAME SNYDER, DAVID B NAMI 330 SUMMIT AVENUE SUBJECT ADDRESS STREET ADDRESS LEWISBURG WV 24901 CHY-SI-7IP CITY - ST - ZIP Defete 1010 ☐ Change ☐ Addition SNYDER, WILLIAM B. NAME. NAMI PO BOX 829 STREET ADDRESS STREET ADDRESS LEWISBURG WV 24901 CHY-SI-ZIP CITY-ST-ZIP TITLE Addition ☐ Deleie □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-S1-7IP ниг ☐ Delete 11111 Addition ☐ Change NAME NAME STRUCT ADDRESS STRUCT ADDRESS CHY-SI-ZIP CITY-ST-7IP

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 eath; 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:

William B. Snyder, UP