

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 348783

FILED
Apr 27, 2010
Secretary of State

Entity Name: W. R. B. ENTERPRISES, INC.

Current Principal Place of Business:

1414 SWANN AVE
201
TAMPA, FL 336062533 US

New Principal Place of Business:

Current Mailing Address:

1414 SWANN AVE
201
TAMPA, FL 336062533 US

New Mailing Address:

FEI Number: 59-1266513 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLANCHARD, G. ROBERT, JR. P
1414 SWANN AVE.
SUITE #201
TAMPA, FL 336062533 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: BLANCHARD, G. ROBERT, JR. PD
Address: 1414 SWANN AVE., STE 201
City-St-Zip: TAMPA, FL 336062533

Title: T
Name: ADAMS, SUSIE N T
Address: 8926 N. ARRAWANA AVE.
City-St-Zip: TAMPA, FL 336141811

Title: S
Name: CASEY, NELMARIE S
Address: 1414 SWANN AVE, STE 201
City-St-Zip: TAMPA, FL 336062533

Title: VD
Name: HARRIS, MALCOLM VD
Address: 3621 BEACH DR
City-St-Zip: TAMPA, FL 33629

Title: VD
Name: BLANCHARD, WILLIAM M VD
Address: 1414 SWANN AVE., STE 201
City-St-Zip: TAMPA, FL 336062533

Title: VD
Name: BLANCHARD, ELIZABETH M VD
Address: 1414 SWANN AVE., STE 201
City-St-Zip: TAMPA, FL 336062533

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUSIE ADAMS

T

04/27/2010

Electronic Signature of Signing Officer or Director

_____ Date