

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000005734

1. Entity Name
RC/PB, INC.



Principal Place of Business
100 SOUTH OCEAN BLVD.
MANALAPAN, FL 33462

Mailing Address
2500 VENTURE OAKS WAY, STE. 175
SACRAMENTO, CA 95833



02232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0955691

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEWIS, JULIAN
STREET ADDRESS	CHELSEA HOUSE
CITY-ST-ZIP	WEST GATE LONDON W5 1DR,
TITLE	D
NAME	LEWIS, PAUL
STREET ADDRESS	CHELSEA HOUSE
CITY-ST-ZIP	WEST GATE LONDON W5 1DR,
TITLE	D
NAME	LEWIS, SIMON
STREET ADDRESS	CHELSEA HOUSE
CITY-ST-ZIP	WEST GATE LONDON W5 1DR,
TITLE	D
NAME	LEWIS, MARK
STREET ADDRESS	CHELSEA HOUSE
CITY-ST-ZIP	WEST GATE LONDON W5 1DR,
TITLE	P
NAME	HILL, EVA H
STREET ADDRESS	2500 VENTURE OAKS WAY, STE 175
CITY-ST-ZIP	SACRAMENTO, CA 95833
TITLE	S
NAME	JSHERWOOD, MICHAEL L
STREET ADDRESS	2500 VENTURE OAKS WAY, STE 175
CITY-ST-ZIP	SACRAMENTO, CA 95833

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03/17/05-80020-023 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/05

Date

916 263-0222

Daytime Phone #