


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000005734</b> 1. Entity Name RC/PB, INC.	
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Principal Place of Business 100 SOUTH OCEAN BLVD. MANALAPAN, FL 33462	Mailing Address 2500 VENTURE OAKS WAY, STE. 175 SACRAMENTO, CA 95833
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04012008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 71-0955691	Applied For Not Applicable
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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
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election: Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000913241 05/08/08-80008-010 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEWIS, JULIAN CHELSEA HOUSE WEST GATE LONDON W5 1DR.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEWIS, PAUL CHELSEA HOUSE WEST GATE LONDON W5 1DR.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEWIS, SIMON CHELSEA HOUSE WEST GATE LONDON W5 1DR.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEWIS, MARK CHELSEA HOUSE WEST GATE LONDON W5 1DR.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HILL, EVA H 2500 VENTURE OAKS WAY, STE 175 SACRAMENTO, CA 95833
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ISHERWOOD, MICHAEL L 2500 VENTURE OAKS WAY, STE 175 SACRAMENTO, CA 95833

**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:** Eva H. Hill EVA H. HILL president 4/15/08 916 263-0222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #