

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07000000377

1. Entity Name  
**RCB ENTERPRISES, INC.**



**FILED**  
**Jul 16, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
10715 BANFIELD DR  
RIVERVIEW, FL 33569

Mailing Address  
10715 BANFIELD DR  
RIVERVIEW, FL 33569



07062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>13-4149597</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

HOMAN, MICHAEL G  
10715 BANFIELD DR  
RIVERVIEW, FL 33569

**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 *Michael G. Homan*

7/10/08

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  
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	C
NAME	HOMAN, MICHAEL G
STREET ADDRESS	10715 BANFIELD DR
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	PT
NAME	SIMPSON, BRIAN
STREET ADDRESS	2842 RICHMOND TERACE
CITY-ST-ZIP	STATEN ISLAND, NY 10303
TITLE	VPS
NAME	GIAMBRONE, RUSSELL
STREET ADDRESS	2842 RICHMOND TERACE
CITY-ST-ZIP	STATEN ISLAND, NY 10303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000955239  
07/16/08-80006-025-158.75

**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: *Brian Simpson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/07/08

Date

7189810734

Daytime Phone #