

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90044 002 ***150.00

DOCUMENT # F73159

1. Entity Name

R B I ENTERPRISES, INC.



Principal Place of Business

**3781 SAN JOSE PLACE
SUITE 27
JACKSONVILLE FL 32257
US**

Mailing Address

**3781 SAN JOSE PLACE
SUITE 27
JACKSONVILLE FL 32257
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0117535

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BYERS, JAMES C
4934 S.W. LAKE GROVE CIRCLE
PALM CITY FL 34990**

7. Name and Address of New Registered Agent

Name

Byers, James C

Street Address (P.O. Box Number is Not Acceptable)

3100 SE Bedford Drive

City

Stuart

FL

Zip Code

34997

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BYERS, JAMES C
STREET ADDRESS 4934 S.W. LAKE GROVE CIRCLE
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME ~~BYERS, JAMES C~~
STREET ADDRESS ~~4934 S.W. LAKE GROVE CIRCLE~~
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME PD Byers, James C
STREET ADDRESS 3100 SE Bedford Drive
CITY-ST-ZIP Stuart FL 34997

TITLE ☐ Change ☒ Addition
NAME VP Wehrmann-Walter
STREET ADDRESS 3781 San Jose Place Suite 27
CITY-ST-ZIP Jacksonville FL 32223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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

Date

Signature Phone #