

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



1st MOORE CR2E034 (10/05)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0117535 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 Belford 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 _____ (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 **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BYERS, JAMES C	
STREET ADDRESS	4934 S.W. LAKE GROVE CIRCLE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYERS, JAMES C	
STREET ADDRESS	4934 S.W. LAKE GROVE CIRCLE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Byers, James C	
STREET ADDRESS	3100 SE Belford Drive	
CITY-ST-ZIP	Stuart FL 34997	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wehrmann-Walter	
STREET ADDRESS	3781 San Jose Place Suite 27	
CITY-ST-ZIP	Jacksonville FL 32223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 supplement 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: *Walter Wehrmann*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR