2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State
01-31-2008 90013 011 ***150.00

DOCUMENT # F73159

1. Entity Name
R B I ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~3100 S.E. BEDFORD DRIVE~~ ~~STUART FL 34997~~ US	~~3100 S.E. BEDFORD DRIVE~~ ~~STUART FL 34997~~ US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

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	7. Name and Address of New Registered Agent
BYERS, JAMES C 3100 SE BEDFORD DR STUART FL 34997	Name: James C Byers Street Address (P.O. Box Number is Not Acceptable): 5605 SW 89 Street City: Ocala FL Zip Code: 34476

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: Jean Raulerson Jean Raulerson Secretary DATE: Jan 25 2008
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDS	☐ Delete	TITLE	PDS	☒ Change ☐ Addition
NAME	BYERS, JAMES C		NAME	James C. Byers	
STREET ADDRESS	3100 SE BEDFORD DR		STREET ADDRESS	5605 SW 89 Street	
CITY-ST-ZIP	STUART FL 34997		CITY-ST-ZIP	Ocala, Fl 34476-9190	
TITLE	T	☐ Delete	TITLE	T	☒ Change ☐ Addition
NAME	BYERS, JULIE E		NAME	Julie E. Byers	
STREET ADDRESS	3100 S.E. BEDFORD DRIVE		STREET ADDRESS	5605 SW 89 Street	
CITY-ST-ZIP	STUART FL 34997		CITY-ST-ZIP	Ocala, Fl 34476.9190	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Jean Raulerson Jean Raulerson — Date: Jan 25 2008 — Daytime Phone #: 352.854.6694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR