## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H02875

Address:

City-St-Zip:

9922 BRENTFORD CT

WINDERMERE, FL 34786

**FILED** Apr 29, 2006 Secretary of State

Entity Name: FRBM, INC **Current Principal Place of Business: New Principal Place of Business:** 3601 PLANK ROAD PLYMOUTH, FL **Current Mailing Address: New Mailing Address:** P.O. BOX 2872 WINDERMERE, FL 347862872 FEI Number: 59-2423807 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: BRANNON, LINWOOD ASMA, WILLIAM N 9922 BRENTFORD CT. 884 SOUTH DILLARD STREET WINDERMERE, FL 34786 US WINTER GARDEN, FL 34787 US 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. SIGNATURE: WILLIAM N. ASMA 04/29/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PST ( ) Delete Title: () Change () Addition BRANNON, LINWOOD Name: Name: 9922 BRENTFORD CT Address: Address: City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: Title: Title: () Delete () Change () Addition BRANNON, BARBARA Name: Name: 9922 BRENTFORD CT Address: Address: WINDERMERE, FL 34786 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition BRANNON, JEFFREY S Name: Name: 9922 BRENTFORD CT Address: Address: City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: Title: () Delete Title: () Change () Addition BRANNON, LINWOOD T Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

Ρ SIGNATURE: LINWOOD BRANNON 04/29/2006