

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H02875

Entity Name: FRBM, INC.

FILED
Jun 30, 2009
Secretary of State

Current Principal Place of Business:

3601 PLANK ROAD
PLYMOUTH, FL

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2872
WINDERMERE, FL 347862872

New Mailing Address:

FEI Number: 59-2423807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASMA, WILLIAM N
884 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: BRANNON, LINWOOD
Address: 9922 BRENTFORD CT
City-St-Zip: WINDERMERE, FL 34786

Title: V () Delete
Name: BRANNON, BARBARA
Address: 9922 BRENTFORD CT
City-St-Zip: WINDERMERE, FL 34786

Title: V () Delete
Name: BRANNON, JEFFREY S
Address: 9922 BRENTFORD CT
City-St-Zip: WINDERMERE, FL 34786

Title: V () Delete
Name: BRANNON, LINWOOD T
Address: 9922 BRENTFORD CT
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: WILLIAM ASMA

AGT

06/30/2009

Electronic Signature of Signing Officer or Director

_____ Date