


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

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| DOCUMENT # H98864 1. Entity Name R B L ENTERPRISES, INC. |  |
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| Principal Place of Business 17909 BIMINI ISLE CT TAMPA, FL 33647 | Mailing Address 17909 BIMINI ISLE CT TAMPA, FL 33647 |
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01042008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-2642350 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BAUER, RITA C. 17909 BIMINI ISLE COURT TAMPA, FL 33647 | DO NOT WRITE IN THIS SPACE |
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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000790035 01/23/08-80018-011 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS BAUER, RITA C. 17909 BIMINI ISLE CT TAMPA, FL 33647 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT BAUER, LAWRENCE J., JR. 17909 BIMINI ISLE CT TAMPA, FL 33647 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **LAWRENCE J. BAUER JR** 01/16/08 813 886-4411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #