


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90043 010 \*\*\*150.00

<b>DOCUMENT # K60791</b> 1. Entity Name <b>RDB PROPERTIES, INC.</b>					
Principal Place of Business <b>900 BOWER SOX DRIVE</b> <b>LADY LAKE, FL 32159 US</b>				Mailing Address <b>900 BOWER SOX DRIVE</b> <b>LADY LAKE, FL 32159 US</b>	
2. Principal Place of Business - No P.O. Box # <b>15595 SE 80TH AVE</b>		3. Mailing Address <b>15595 SE 80TH AVE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>SUMNERFIELD, FL</b>		City & State <b>SUMNERFIELD, FL</b>			
Zip <b>34491</b>		Country <b>USA</b>		Zip <b>34491</b>	
Country <b>USA</b>		4. FEI Number <b>65-0089573</b>			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BROWN, RONALD D</b> <b>900 BOWERSOX DR</b> <b>LADY LAKE, FL 32159</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2008 Fee will be \$550.00</b> </div> <div>           9. Election Campaign Financing            Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/07</b>		
TITLE <b>PD</b>	NAME <b>BROWN, RON</b>		TITLE 	NAME 	
STREET ADDRESS <b>900 BOWERSOX DR</b>	STREET ADDRESS <b>900 BOWERSOX DR</b>		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP <b>LADY LAKE, FL 32159</b>	CITY-ST-ZIP <b>LADY LAKE, FL 32159</b>		CITY-ST-ZIP 	CITY-ST-ZIP 	
TITLE <b>T</b>	NAME <b>BROWN, RON</b>		TITLE 	NAME 	
STREET ADDRESS <b>900 BOWERSOX DR</b>	STREET ADDRESS <b>900 BOWERSOX DR</b>		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP <b>LADY LAKE, FL 32159</b>	CITY-ST-ZIP <b>LADY LAKE, FL 32159</b>		CITY-ST-ZIP 	CITY-ST-ZIP 	
TITLE <b>V</b>	NAME <b>BROWN, RON</b>		TITLE 	NAME 	
STREET ADDRESS <b>900 BOWERSOX DR</b>	STREET ADDRESS <b>900 BOWERSOX DR</b>		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP <b>LADY LAKE, FL 32159</b>	CITY-ST-ZIP <b>LADY LAKE, FL 32159</b>		CITY-ST-ZIP 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	STREET ADDRESS 		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP 	CITY-ST-ZIP 		CITY-ST-ZIP 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	STREET ADDRESS 		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP 	CITY-ST-ZIP 		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 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.					
<b>SIGNATURE:</b> <i>Ronald D Brown</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2-12-08</b> Daytime Phone # <b>352-750-4240</b>		