

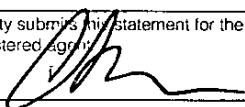
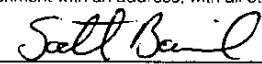


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90047 025 ***150.00

DOCUMENT # P00000093985						
1. Entity Name RTB OF PENSACOLA, INC.						
Principal Place of Business 3094 MARCUS POINTE BLVD. PENSACOLA, FL 32505			Mailing Address 3094 MARCUS POINTE BLVD. PENSACOLA, FL 32505			
2. Principal Place of Business 3000 LANGLEY AVE. Suite, Apt. #, etc. SUITE 200		3. Mailing Address 3000 LANGLEY AVE. Suite, Apt. #, etc. SUITE 200				
City & State PENSACOLA, FL		City & State PENSACOLA		02052005 Chg-P CR2E034 (10/03)		
Zip 32504		Country USA		4. FEI Number 59-3676027		
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable				
6. Name and Address of Current Registered Agent BARIL, KATHLEEN M 3094 MARCUS POINTE BLVD. PENSACOLA, FL 32505			7. Name and Address of New Registered Agent Name: Charles L. Hoffman, Jr., Esq. Street Address (P.O. Box Number is Not Acceptable): 226 Palafox Place, Ninth Floor City: Pensacola FL Zip Code: 32502			
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:  DATE: 3-22-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D	NAME BARIL, KATHLEEN M		<input checked="" type="checkbox"/> Delete	TITLE D	NAME BARIL, SCOTT	
STREET ADDRESS 3094 MARCUS POINTE BLVD.	CITY-ST-ZIP PENSACOLA, FL 32505		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 2403 E WILLIAM LANE	CITY-ST-ZIP ARLINGTON HEIGHTS, IL 60004	
TITLE P	NAME BARIL, KATHLEEN M		<input checked="" type="checkbox"/> Delete	TITLE P	NAME BARIL, SCOTT	
STREET ADDRESS 3094 MARCUS POINTE BLVD	CITY-ST-ZIP PENSACOLA, FL 32505		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 2403 E WILLIAM LANE	CITY-ST-ZIP ARLINGTON HEIGHTS, IL 60004	
TITLE V	NAME BARIL, SCOTT		<input type="checkbox"/> Delete	TITLE V	NAME BARIL, SCOTT	
STREET ADDRESS 2403 E WILLIAM LANE	CITY-ST-ZIP ARLINGTON HEIGHTS, IL 60004		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 2403 E WILLIAM LANE	CITY-ST-ZIP ARLINGTON HEIGHTS, IL 60004	
TITLE V	NAME BARIL, SCOTT		<input type="checkbox"/> Delete	TITLE V	NAME BARIL, SCOTT	
STREET ADDRESS 2403 E WILLIAM LANE	CITY-ST-ZIP ARLINGTON HEIGHTS, IL 60004		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 2403 E WILLIAM LANE	CITY-ST-ZIP ARLINGTON HEIGHTS, IL 60004	
TITLE V	NAME BARIL, SCOTT		<input type="checkbox"/> Delete	TITLE V	NAME BARIL, SCOTT	
STREET ADDRESS 2403 E WILLIAM LANE	CITY-ST-ZIP ARLINGTON HEIGHTS, IL 60004		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 2403 E WILLIAM LANE	CITY-ST-ZIP ARLINGTON HEIGHTS, IL 60004	
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STREET ADDRESS 2403 E WILLIAM LANE	CITY-ST-ZIP ARLINGTON HEIGHTS, IL 60004		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 2403 E WILLIAM LANE	CITY-ST-ZIP ARLINGTON HEIGHTS, IL 60004	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SCOTT BARIL, PRESIDENT 3/5/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						