

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90177 027 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000005106 1. Entity Name R & B OF CHICAGO, INC.			
Principal Place of Business 6710 WIKLER RD., #7 FT. MYERS, FL 33919		Mailing Address 6710 WIKLER RD., #7 FT. MYERS, FL 33919	
2. Principal Place of Business 7091-14 College Pkwy. Suite, Apt. #, etc.		3. Mailing Address 7091-14 College Pkwy. Suite, Apt. #, etc.	
City & State FT. MYERS FL		City & State FT. MYERS FL	
Zip 33907 Country USA		Zip 33907 Country USA	
4. FEI Number 65-1085176		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMB, JEFFERY R 868 106TH AVE. N. NAPLES, FL 33919		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Truth Fund Contribution. ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME PATAK, RONALD A STREET ADDRESS 6131 TIDEWATER ISLAND CIRCLE CITY-ST-ZIP FORT MYERS, FL 33908	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME SMITH, F. BEAVEN STREET ADDRESS 1844 DUKE OF WINDSOR RD CITY-ST-ZIP VIRGINIA BEACH, VA 23454	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Ronald A. Patak</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/30/04</u> Daytime Phone # <u>239-936-5093</u>	