

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P02000012637

1. Entity Name  
RBM ENTERPRISES OF CENTRAL FLORIDA, INC.



Principal Place of Business  
128 STERLING PINE STREET  
SANFORD, FL 32773

Mailing Address  
128 STERLING PINE STREET  
SANFORD, FL 32773

**DO NOT WRITE IN THIS SPACE**



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
01-0585987

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, ANTHONY L  
128 STERLING PINE STREET  
SANFORD, FL 32773

**DO NOT WRITE  
IN THIS SPACE**

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 *Anthony L Brown*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *April 26, 2004*

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ROSS, CLIFTON K  
STREET ADDRESS 311 ALTAMONTE BAY CLUB CIRCLE #206  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE VD  
NAME BROWN, ANTHONY L  
STREET ADDRESS 128 STERLING PINE STREET  
CITY-ST-ZIP SANFORD, FL 32773

TITLE SD  
NAME MILLER, CYNTHIA C  
STREET ADDRESS 311 ALTAMONTE BAY CLUB CIRCLE #206  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE TD  
NAME BROWN, KIMBERLY R  
STREET ADDRESS 128 STERLING PINE STREET  
CITY-ST-ZIP SANFORD, FL 32773

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000136028  
04/28/04-80080-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Kimberly R. Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/04*  
Date

*407-513-3224*  
Daytime Phone #