2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

Apr 21, 2004 8:00 am Secretary of State DOCUMENT # P02000042625 1. Entity Name 04-21-2004 90111 001 ***158.75 RRCB OF FLA., INC. 04-21-2004 90111 002 *****8.75 Principal Place of Business Mailing Address 66413516 2291 HIDDEN WATERS DRIVE WEST 2291 HIDDEN WATERS DRIVE WEST APARTMENT 2 GREEN COVE SPRINGS FL 32043 APARTMENT 2 GREEN COVE SPRINGS FL 32043 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 30-0083767 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUBY M. BURGER Street Address (P.O. Box Number is Not Acceptable) 2291 HIDDEN WATERS DRIVE WEST SUITE A **GREEN COVE SPRINGS FL 32043** City 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. Ruby M. Burger ble. (NOTE: Registered Agent signature require 04/17/2004 me of registered agent and tiffell applic FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition BURGER, RAYMOND NAME NAME RAYMOND E. BURGER POST OFFICE BOX 983 STREET ADDRESS STREET ADDRESS 2291 HIDDEN WATERS DR.W. GREEN COVE SPRINGS, FL. 32043 **ORANGE PARK FL 32068** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME RUBY M.BURGER STREET ADDRESS STREET ADDRESS 2291 HIDDEN WATERS DR.W.SSUITE A GREEN COVE SPRINGS, FL. 32043 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ~ - - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information stopplied 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 of supplemental report is true and accurate another 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 plustee empowered to execute this eport 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.

NG OFFICIA OR DIRECTOR KAYMOND E.

FILED

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	Please send a Certified copy of annual report.
	Ruby Burger
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