2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

STREET ADDRESS CITY - ST-ZIP

SIGNATURE:

Apr 29, 2005 8:00 am Secretary of State 04-29-2005 90307 001 ***150.00 **DOCUMENT # P02000042625** 04-29-2005 90307 002 *****8.75 RRCB OF FLA., INC. 66013919 Principal Place of Business Mailing Address 2291 HIDDEN WATERS DRIVE WEST 2291 HIDDEN WATERS DRIVE WEST APARTMENT 2 APARTMENT 2 GREEN COVE SPRINGS, FL 32043 GREEN COVE SPRINGS, FL 32043 04262005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 30-0083767 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUBY M. BURGER DO NOT WRITE 2291 HIDDEN WATERS DRIVE WEST SUITE A IN THIS SPACE GREEN COVE SPRINGS, FL 32043 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. 126,2005 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BURGER, RAYMOND NAME STREET ADDRESS 2291 HIDDEN WATERS DR. W., STE A CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043 TITLE BURGER, RUBY M NAME 2291 HIDDEN WATERS DR. W., STE A STREET ADDRESS GREEN COVE SPRINGS, FL 32043 CITY+ST-ZIP TOTLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-71P TITLE NAME

12. I hereby certify that the information supplied with this filling 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

ING OFFICER OR DIRECTOR

an address, with all other like empowered

FILED