


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # P02000078493		
1. Entity Name R B SPREADMASTERS, INC.		
Principal Place of Business 10120 MOORE ROAD LAKELAND, FL 33809	Mailing Address 10120 MOORE ROAD LAKELAND, FL 33809	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BRYANT, RONALD A 10120 MOORE ROAD LAKELAND, FL 33809		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRYANT, RONALD A 10120 MOORE ROAD LAKELAND, FL 33809	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BRYANT, CARLA 10120 MOORE ROAD LAKELAND, FL 33809	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Ronald A. Bryant</u> <u>P.O. Ronald A. Bryant</u> <u>1-26-08</u> <u>863-581-9854</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number
74-3055328

Applied For
Not Applicable

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

U000000806821
02/06/08-80057-013 150.00

**DO NOT WRITE
IN THIS SPACE**