2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 18 PM 1:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P03000031400

1. Entity Name
R.B. HOME DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
212 LANSING ISLAND DRIVE INDIAN HARBOR BEACH, FL 32937 US	~~212 LANSING ISLAND DRIVE~~ ~~INDIAN HARBOR BEACH, FL 32937 US~~

01052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite Apt # etc	c/o 210 N. WYMORE ROAD Suite Apt # etc
City & State	City & State WINTER PARK, FL
Zip / Country	Zip / Country 32789 / USA

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CATHCART, CHRISTOPHER C 210 N. WYMORE ROAD WINTER PARK, FL 32789	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: _____ DATE
Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEREFORD, BOB 212 LANSING ISLAND DRIVE INDIAN HARBOR BEACH, FL 32937	☐ 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
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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/ 31 /04 407-306-0570
BOB HEREFORD, DIRECTOR
Typed or printed name of individual and title of officer or director. Date Daytime Phone #

Hereford UBR's - 5 max