


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90301 014 \*\*\*150.00

**DOCUMENT # P03000054766**

1. Entity Name  
**REB ENTERPRISES, INC.**



Principal Place of Business      Mailing Address  
**9474 NORTH HAMMOCK ROAD**      **9474 NORTH HAMMOCK ROAD**  
**ZOLFO SPRINGS, FL 33890**      **ZOLFO SPRINGS, FL 33890**

2. Principal Place of Business      3. Mailing Address  
**3818 FLORIDA AVE.**      **3818 FLORIDA AVE.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



02102004    Chg-P    CR2E034 (10/03)

City & State, **SEBRING, FL.**      City & State **SEBRING, FL.**      4. FEI Number **57-1168429**      Applied For  
 Not Applicable

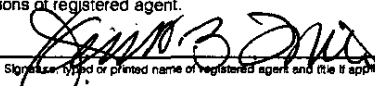
Zip **33872**      Country **Highlands**      Zip **33872**      Country **HIGHLANDS**      5. Certificate of Status Desired       \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**TRICE, JAMES B**  
**9474 NORTH HAMMOCK ROAD**  
**ZOLFO SPRINGS, FL 33890**

Name **TRICE, James B.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3818 FLORIDA AVE.**  
 City **Sebring**      FL      Zip Code **33872**

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 **24 Apr 04**

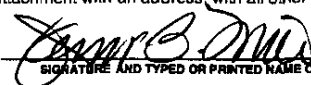
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	P.D. <input type="checkbox"/> Delete <b>TRICE, JAMES B</b> <b>9474 NORTH HAMMOCK ROAD</b> <b>ZOLFO SPRINGS, FL 33890</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TRICE, James B.</b> <b>3818 FLORIDA AVE.</b> <b>Sebring, FL. 33872</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:       **James B. Trice**      Date **24 Apr. 04**      Daytime Phone # **(863) 881-1619**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR