2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Robert B.

Secretary of State DOCUMENT # P03000142545 03-17-2004 90008 012 ***150.00 RBI OF CENTRAL FLORIDA, INC. Mailing Address Principal Place of Business 8382 EAST DERBY OAKS DRIVE 8382 EAST DERBY OAKS DRIVE FLORAL CITY FL 34436 FLORAL CITY FL 34436 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For 4. FEI Number City & State City & State 200442930 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Change Robert IMPTON, ROBERT B JR. Street Address (P.O. Box Number is Not Acceptable) 8382 EAST DERBY OAKS DRIVE Derby Oaks FLORAL CITY FL 34436 Zip Code **3**4436 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. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. PDB □ Addition VSD TITLE Chance TITLE Delete Impron, Robert B Ir 8382 E Perby Oaks Dr Floral City, fl. 34436 NAME IMPTON, ROBERT B JR NAME STREET ADDRESS 8382 EAST DERBY OAKS DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FLORAL CITY FL 34436 SDID OUT NO larger affiliated PTD TITLE Delete TITLE Boles, Robert W NAME BOLES, ROBERT W P.O. BOX 2422 STREET ADDRESS P.C. BOX 2422 STREET ADDRESS Bushwell Fl. 33513 **BUSHNELL FL 33513** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Defete TITLE THOMAS W. Improv NAME 7098-W-HomosassA TRI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change 4 Addition ☐ Delete TITLE TITLE Catherine A Impton 8382 E Derby Oaks Dr NAME NAME STREET ADDRESS STREET ADDRESS Floral City . Fl. 34436 CITY-ST-ZIP " CITY-ST-ZIP ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Chance ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

FILED

Mar 17, 2004 8:00 am