

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90008 012 ***150.00

DOCUMENT # P03000142545

1. Entity Name

RBI OF CENTRAL FLORIDA, INC.



Principal Place of Business

8382 EAST DERBY OAKS DRIVE
 FLORAL CITY FL 34436
 US

Mailing Address

8382 EAST DERBY OAKS DRIVE
 FLORAL CITY FL 34436
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

200442930

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

IMPTON, ROBERT B JR.
 8382 EAST DERBY OAKS DRIVE
 FLORAL CITY FL 34436

Name *(NO Change) Robert B. Impton, Jr*

Street Address (P.O. Box Number is Not Acceptable)
8382 E Derby Oaks Dr

City *Floral City, Fl.* FL Zip Code *34436*

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 *Robert B. Impton, Jr.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/17/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 VSD Delete
 NAME IMPTON, ROBERT B JR
 STREET ADDRESS 8382 EAST DERBY OAKS DRIVE
 CITY-ST-ZIP FLORAL CITY FL 34436

TITLE *PDB* Change Addition
 NAME *Impton, Robert B Jr*
 STREET ADDRESS *8382 E Derby Oaks Dr*
 CITY-ST-ZIP *Floral City, Fl. 34436*

TITLE *PTD* Delete
 NAME *BOLES, ROBERT W*
 STREET ADDRESS *P.O. BOX 2422*
 CITY-ST-ZIP *BUSHNELL FL 33513*

TITLE *SDID OUT no longer affiliated* Change Addition
 NAME *Boles, Robert W*
 STREET ADDRESS *P.O. Box 2422*
 CITY-ST-ZIP *Bushnell Fl. 33513*

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE *VD* Change Addition
 NAME *Thomas W. Impton*
 STREET ADDRESS *7098 W. Homosassa Trl*
 CITY-ST-ZIP *Homosassa, Fl. 34448*

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE *S/D/T* Change Addition
 NAME *Catherine A Impton*
 STREET ADDRESS *8382 E Derby Oaks Dr*
 CITY-ST-ZIP *Floral City, Fl. 34436*

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE: *Robert B. Impton, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/04

Date

352-476-6876

Daytime Phone #