## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 28, 2005 8:00 am **Secretary of State** DOCUMENT # P03000156293 01-28-2005 90021 029 \*\*\*150.00 1. Entity Name R.L.B., INC. OF VENICE Principal Place of Business Mailing Address 40008122 971 HORIZON RD VENICE FL 34293 971 HORIZON RD VENICE FL 34293 2. Principal Place of Business 3. Mailing Address 2278 Paraiso CT Suite Apt # etc. 01252005 Chq-P CR2E034 (10/03) <u>Englewoo</u> City & State Applied For 4. FEJ Number 3 59 2420SN Not Applicable Zio Country 34223 Country \$8.75 Additional 5. Certificate of Status Desired Charlotte Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRĪCKER, RANDY L Street Address (P.O. Box Number is Not Acceptable) 971 HQRIZON RD VENICE FL\34293 City & myle wood 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 128side Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. D TITLE ☐ Detete TITLE ☐ Addition BRICKER, RANDY L NAME NAME 2278 Paraiso CT 971 NORIZON RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENIOE, FL\34293 CITY-ST-ZIP Englewood FL 34223 ☐ Delete TITLE Change ☐ Addition BRICKER, PAMELA J NAME NAME 2271 Paraiso CT 971 NORIZON RD STREET ADDRESS STREET ADDRESS VENICE FL 34293 CITY-ST-ZIP CITY-ST-ZIP Englewood 71 34223 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TATLE □ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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12. Thereby certify that the information supplied with this litting 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 eath: 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.

CITY-ST-ZIP

SIGNATURE: / Q Di du	1/24/05	941 809 2998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

City-SI-ZIP