## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Jan 22, 2007 8:00 am **Secretary of State** DOCUMENT # P03000156293 1. Entity Name 01-22-2007 90086 025 \*\*\*150.00 R.L.B., INC. OF VENICE Principal Place of Business Mailing Address 2278 PARAISO COURT 971 HORIZON RD VENICE, FL 34293 ENGLEWOOD, FL 34223 2. Principal Place of Business - No P.O. Box 3. Mailing Address 22 18 Lanawo Suite, Apt. #, etc. 01152007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For 59-2420514 Not Applicable Country \$8.75 Additional 34229 5. Certificate of Status Desired harlotte Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRICKER, RANDY L Street Address (P.O. Box Number is Not Acceptable) 2278 PARAISO COURT ENGLEWOOD, FL 34223 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITI F ☐ Channe ☐ Addition BRICKER, RANDY L NAME NAME STREET ADDRESS 2278 PARAISO COURT STREET ADDRESS CITY-ST-ZIP ENGLEWOOD, FL 34223 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition BRICKER, PAMELA J NAME 2278 PARAISO COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ENGLEWOOD, FL 34223 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete тпіғ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 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

NAME OF SIGNING OFFICER OR DIRECTOR

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FILED