

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90234 015 ***150.00

DOCUMENT # P04000017005

1. Entity Name
RLB CONSTRUCTION, INC.



Principal Place of Business
P O BOX 6407
LAKELAND, FL 33807-6407

Mailing Address
P O BOX 6407
LAKELAND, FL 33807-6407

50020586



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

80-0092688

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BISHOP, RICK L
5128 GREENGLEN LN
LAKELAND, FL 33811

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BISHOP, RICK L
STREET ADDRESS 5128 GREENGLEN LN
CITY-ST-ZIP LAKELAND, FL 33811

TITLE VP ☐ Delete
NAME FLORES, PORFIRIO
STREET ADDRESS 5970 GARNETT RD.
CITY-ST-ZIP MULBERRY, FL 33860

TITLE ST ☐ Delete
NAME MORRISSEY, JAMES
STREET ADDRESS 3710 CLUBHOUSE
CITY-ST-ZIP LAKELAND, FL 33813

TITLE ST ☐ Delete
NAME DELEON, ANGEL
STREET ADDRESS 5960 GARNETT RD.
CITY-ST-ZIP MULBERRY, FL 33860

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #