

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2005 90194 023 ***150.00

14004779



04222005 Chg-P CR2E034 (10/03)

4. FEI Number **20-0992671** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DOCUMENT # P04000061506

1. Entity Name
RB SOLUTIONS INC



Principal Place of Business
**6350, S. TAMiami TR
#4
SARASOTA, FL 34243**

Mailing Address
**6350, S. TAMiami TR
#4
SARASOTA, FL 34243**

2. Principal Place of Business **2123 UNIVERSITY** ^{Rkm} 3. Mailing Address **2123 UNIVERSITY PKWY.**

Suite, Apt. #, etc. **no # 5** Suite, Apt. #, etc. **no # 5**

City & State **SARASOTA FL.** City & State **SARASOTA FLA.**

Zip **34243** Country **U.S.A** Zip **34243** Country **U.S.A**

6. Name and Address of Current Registered Agent

**ROBERT, BLANKENSHIP
6350, S. TAMiami TR
#4
SARASOTA, FL 34243**

7. Name and Address of New Registered Agent

Name **Robert Blankenship**

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

2123 UNIVERSITY PKWY.

City **SARASOTA FL.** **FL** Zip Code **34243**

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 Blankenship** / **Robert Blankenship** **4-25-05**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROBERT, BLANKENSHIP 6350, S. TAMiami TR. SARASOTA, FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2123 UNIV. PKWY. SARASOTA FLA. 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Blankenship** **4-25-05** **(941) 705-1608**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #