


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000094296 1. Entity Name RSBNK, INC.	
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Principal Place of Business 1834 SMITH DR TITUSVILLE, FL 32780	Mailing Address 1834 SMITH DR TITUSVILLE, FL 32780
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DO NOT WRITE IN THIS SPACE



07262007 No Chg-P CR2E034 (11/05)

4. FEI Number 34-2003010	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, SHANYN 1834 SMITH DR TITUSVILLE, FL 32780

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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
U000000771098 08/01/07-80004-020 150.00 DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS SMITH, ROBERT C 1834 SMITH DR TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SMITH, SHANYN 1834 SMITH TITUSVILLE FL TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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: <u>Shanyn M. Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	7/30/07 (321)593-2324 <small>Date Daytime Phone #</small>