

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90062 018 ***158.75

DOCUMENT # P07000088864 1. Entry Name RB PARTS, INC.					
Principal Place of Business 8401 MAGNOLIA ST. GIBSONTON, FL 33534 US			Mailing Address 8401 MAGNOLIA ST. GIBSONTON, FL 33534 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1777 Suite, Apt. #, etc.			
City & State Riverview, FL		City & State Riverview, FL		4. FEI Number 26-0671689	
Zip 33568	Country USA	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent LOVE, EVAN 8401 MAGNOLIA ST. GIBSONTON, FL 33534			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 entry 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 firm, if applicable. (SEE 11. Registered Agent's name is printed when so stating.) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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-STATE-ZIP	PVST LOVE, EVAN 8401 MAGNOLIA ST. GIBSONTON, FL 33534	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D LOVE, EVAN 8401 MAGNOLIA ST. GIBSONTON, FL 33534	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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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 or without or like empowered.					
SIGNATURE: <u>Evan Love</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				1-8-08 813 7410490 Date Daytime Phone #	