## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P26570

1. Entity Name

RB FINANCIAL GROUP, INC.



FILED
Mar 01, 2006 08:00 AF
Secretary of State

Principal Place of Business

4400 MARSH LANDING BLVD

STE 2

POINTE VEDRA BEACH, FL 32082 U

Mailing Address

4400 MARSH LANDING BLVD

#2

DO NOT WRITE IN THIS SPACE

PONTE VEDRA BEACH, FL 32082



02152006

No Chg-P

CR2E034 (11/05)

4. FEI Number 06-0987980 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUCE, ROBERT G. 4400 MARSH LANDING BLVD #2 PONTE VEDRA BEACH, FL 32082

## DO NOT WRITE IN THIS SPACE

			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 famillar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered A				required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campalgn Fi			cing	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	OFFICERS AND DIRECT PTD BRUCE, ROBERT G 4400 MARSH LANDING BLVD, SUITE PONTE VEDRA BEACH, FL 32082				110,5000 (5,500)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FORRESTER, DENA DANESE 245 HONEYSUCKLE WAY JACKSONVILLE, FL				''00000452508 83/13/406-80001-008 (50.08
TITLE NAME STREET ADDRESS CITY - ST - ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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 addless, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/06

904) 285-0400 Daytine Phone #