

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000056.157

1. Entity Name
RMB BASEBALL INC.



Principal Place of Business
502 EAST BRIDGERS AVE.
AUBURNDALE, FL 33823

Mailing Address
502 EAST BRIDGERS AVE.
AUBURNDALE, FL 33823

FILED
Mar 24, 2004 08:00 AM
Secretary of State



01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3264056

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOSTICK, R. MARK
502 E. BRIDGERS AVE.
AUBURNDALE, FL 33823

**DO NOT WRITE
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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000095412
03/24/04-80031-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT BOSTICK, R. MARK 502 EAST BRIDGERS AVE. AUBURNDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JACOBS, MILTON E 502 E BRIDGERS AVE. AUBURNDALE, FL
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**DO NOT WRITE
IN THIS SPACE**

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

MILTON E. JACOBS 3/19/2004 863-967-1101

Date

Daytime Phone #