2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000066317

1. Entity Name

R+B RE CONSULTANTS, INC.



Principal Place of Business

3506 MARSALA CT Punta Gorda, Fl. 33950 U Mailing Address

3506 MARSALA CT

PUNTA GORDA, FL 33950 US

FILED

04 FEB 16 AM 9: 10

SECRETARY OF STATE TALL/MASSEE OF ORIDA



01282004

No Chg-P

CR2E034 (10/03)

4. FEI Number ---65-061:2259Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEMAZIE, A. STEPHEN 3506 MARSALA CT PUNTA GORDA, FL 33950

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	named entity submits this statement for the pions of registered agent.	urpose of changing its regis	tered office or registere	d agent, or both, in the	State of Florida. I am familiar with, a	ind accept
SIGNATURE	Signature, typed or printed name of registered agent and title it	i applicable. (NOTE: Regis	stered Agent signature required w	when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Fit Trust Fund Contribution		00 May Be d to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS NEMAZIE, A. STEPHEN 3506 MARSALA CT PUNTA GORDA, FL 33950			7000	129124867	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	خدمت سب سب سب	and the state of t	_	02/20/04-	-01027013 **150.0	Q

DO NOT WRITE

TITLE

NAME

STREET ADDRESS

CITY- ST-ZIP

The street is a unplied with this filling does not qualify for the exemption stated in Section 119 (7/(3)(i)). Florida Statutes | further certify that the info

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:

TITLE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

A. Stephen Nemazie, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/04

Date

305 778 1220

Daytime Phone #