

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90080 001 \*\*\*300.00

**DOCUMENT # P96000086663**

1. Entity Name  
**RGB WEST, INC.**



Principal Place of Business

~~17 PALAFOX STREET~~  
~~#394~~  
**PENSACOLA, FL 32501 US**

Mailing Address

**P.O. BOX 12358**  
**PENSACOLA, FL 32882 US**

**66006511**



2. Principal Place of Business - No P.O. Box #

**3 West Garden ST**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **32502**

Country

Zip **32591**

Country

01112008

Chg-P

CR2E034 (12/06)

4. FEI Number

**59-3407658**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BAKER, RICHARD R**  
~~17 PALAFOX ST 394~~  
**PENSACOLA, FL 32502**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**3 West Garden ST, Ste 394**

City

**FL**

Zip Code

**32502**

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

*Richard R Baker*

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GILMORE, J D	
STREET ADDRESS	17 PALAFOX ST, #394	
CITY-ST-ZIP	PENSACOLA, FL	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	BAKER, RICHARD R	
STREET ADDRESS	17 PALAFOX ST, #394	
CITY-ST-ZIP	PENSACOLA, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RITCHIE JR, WALTER J	
STREET ADDRESS	17 PALAFOX STREET, #394	
CITY-ST-ZIP	PENSACOLA, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3 W. Garden ST, Ste <del>394</del> 394	
CITY-ST-ZIP	Zip 32502	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	"	
STREET ADDRESS	same	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	"	
STREET ADDRESS	same	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 address, with all other like empowered.

SIGNATURE

*Richard R Baker*

850-434-5330 4/7/08