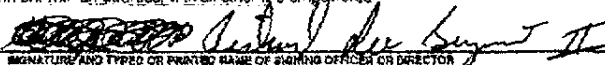


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2004 08:00 AM
Secretary of State

8-3-04

DOCUMENT # P97000107681																														
1. Entity Name RB OF DELTONA, INC.																														
Principal Place of Business 1700 DOYLE ROAD DELTONA, FL 32725 US		Mailing Address 1700 DOYLE ROAD DELTONA, FL 32725																												
DO NOT WRITE IN THIS SPACE																														
6. Name and Address of Current Registered Agent BRYANT, RICHARD L II 1700 DOYLE ROAD DELTONA, FL 32725		DO NOT WRITE IN THIS SPACE																												
3. 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, by word or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when releasing)																														
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		4. Fee Number 58-3483172																												
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable																												
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> </tr> <tr> <td></td> <td>BRYANT, RICHARD L II</td> <td>1700 DOYLE ROAD</td> <td>DELTONA, FL 32725</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP		BRYANT, RICHARD L II	1700 DOYLE ROAD	DELTONA, FL 32725	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  8-3-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																														



07302004 No Chg-P CR2EC34 (10/03)

4. Fee Number
58-3483172

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

Applied For
☐ Not Applicable

**DO NOT WRITE
IN THIS SPACE**

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08/05/04-80001-005 150.00

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IN THIS SPACE**