2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 18, 2004 8:00 am DOCUMENT # P98000006425 **Secretary of State** 1. Entity Name 03-18-2004 90037 027 ***150.00 RB & RB ENTERPRISES, INC. Principal Place of Business Mailing Address 14002 CASCADE LN 14002 CASCADE LN --- CT CMA TAMPA FL 33618 **TAMPA FL 33618** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FE! Number Applied For NO-T APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLANDY, RICHARD JR Street Address (P.O. Box Number is Not Acceptable) 14002 CASCADE LN TAMPA FL 33618 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NΠF Delete TITLE ☐ Change ☐ Addition BLANDY, RICHARD JR NAME STREET ADDRESS 14002 CASCADE LANE STREET ADDRESS CITY-ST-7IP **TAMPA FL 33618** CITY-ST-ZIP TITLE **PVST** ☐ Delete TITLE ☐ Change Addition BLANDY, RICHARD JR NAME STREET ADDRESS 14002 CASCADE LN STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33618** CITY-ST-ZIP IIILE ☐ Delete TITLE Change Addition NAME - NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

FILED

SIGNATURE: Richard Color of Printer Bus Opening Officer or Director Date Date Dayline Phone #