


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000047166 1. Entity Name RBO ASSOCIATES, INC.	
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Principal Place of Business 1230 E HILLCREST ST ORLANDO, FL 32803	Mailing Address 1230 E HILLCREST ST ORLANDO, FL 32803
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DO NOT WRITE IN THIS SPACE



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3517890	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHIRM, JOAN H 1230 E HILLCREST ST ORLANDO, FL 32803	DO NOT WRITE IN THIS SPACE
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHIRM, JOAN H 516 LAKEVIEW ST ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KUHN, GARY L 426 HARBOUR OAKS POINTE DR ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CANTY, MARK C 9018 SHAWN PARK PLACE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARSHALL, BRYANT P 7425 GREEN TREE DR. ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/11/05-80121-011 158.75

**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:  **Joan H. Schirm**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** **4-5-05 407-898-1818**
Date Daytime Phone #