


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000047166</b> 1. Entity Name RBO ASSOCIATES, INC.	
--	---

Principal Place of Business 1230 E HILLCREST ST ORLANDO, FL 32803	Mailing Address 1230 E HILLCREST ST ORLANDO, FL 32803
---	---



02122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3517890	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☒ **\$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**

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, 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	P
NAME	SCHIRM, JOAN H
STREET ADDRESS	516 LAKEVIEW ST
CITY- ST- ZIP	ORLANDO, FL 32825
TITLE	VS
NAME	KUHNS, GARY L
STREET ADDRESS	426 HARBOUR OAKS POINTE DR
CITY- ST- ZIP	ORLANDO, FL 32809
TITLE	VT
NAME	CANTY, MARK C
STREET ADDRESS	9018 SHAWN PARK PLACE
CITY- ST- ZIP	ORLANDO, FL 32819
TITLE	V
NAME	MARSHALL, BRYANT P
STREET ADDRESS	4620 BAY POINT RD UNIT 1007
CITY- ST- ZIP	PANAMA CITY, FL 32408
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000834524  
02/28/08-80056-003 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

Gary L Kuhns

2/15/08

407-898-1818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #