

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
May 18, 2004 8:00 am
Secretary of State

05-18-2004 90003 013 ***150.00

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DOCUMENT # P99000042563

1. Entity Name
RWB ASSOCIATES, INC.



Principal Place of Business Mailing Address
328F VILLAGE DRIVE 328F VILLAGE DRIVE
SAINT AUGUSTINE, FL 32084-9077 SAINT AUGUSTINE, FL 32084-9077

DO NOT WRITE IN THIS SPACE

04222004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3574280 Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, ROBERT W
328F VILLAGE DRIVE
SAINT AUGUSTINE, FL 32084-9077

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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 _____ DATE _____
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 \$350.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BROWN, ROBERT W 328F VILLAGE DRIVE SAINT AUGUSTINE, FL 320849077
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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)(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: Robert W Brown Robert W Brown 04/26/04 904-829-2118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #