

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90077 029 \*\*\*150.00

**DOCUMENT # P99000042563**

1. Entity Name  
**RWB ASSOCIATES, INC.**



Principal Place of Business <b>328F VILLAGE DRIVE          SAINT AUGUSTINE, FL 32084-9077</b>	Mailing Address <b>328F VILLAGE DRIVE          SAINT AUGUSTINE, FL 32084-9077</b>
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2. Principal Place of Business <b>115 Sunset Harbor Way          Suite, Apt. #, etc.          Unit 303          City &amp; State</b>	3. Mailing Address <b>115 Sunset Harbor Way          Suite, Apt. #, etc.          Unit 303          City &amp; State</b>
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<b>St. Augustine, FL</b>	<b>St. Augustine, FL</b>
Zip <b>32080</b>	Zip <b>32080</b>
Country <b>St. Johns</b>	Country <b>St. Johns</b>



01092006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3574280</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BROWN, ROBERT W          328F VILLAGE DRIVE          SAINT AUGUSTINE, FL 32084-9077</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>115 Sunset Harbor Way, Unit 303</b> City <b>St. Augustine</b> FL Zip Code <b>32080</b>	
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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: Robert W Brown Robert W Brown  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **President**  
 DATE: **01/16/2006**

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BROWN, ROBERT W <del>328F VILLAGE DRIVE</del> <del>SAINT AUGUSTINE, FL 32084-9077</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>115 Sunset Harbor Way, Unit 303</b> <b>St. Augustine, FL 32080</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert W Brown Robert W Brown  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President**  
 Date: **01/16/2006** Daytime Phone #: **904-461-3902**