## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #V14985**

1. Entity Name RGB DEVELOPMENT, INC.



Principal Place of Business

17 PALAFOX ST

#394

PENSACOLA, FL 32501 US

Mailing Address

P O BXO 12358

P.O. DRAWER 127 (30 S. SPRING ST.)

PENSACOLA, FL 32582 US

## FILED Apr 13, 2007 8:00 am Secretary of State

04-13-2007 90179 035 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

04052007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

59-3109303

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, RICHARD R. 17 PALAFOX ST. #394 PENSACOLA, FL 32501

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
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, 2007 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			<u> </u>
TITLE	Р				
NAME	GILMORE, J. DAN D				
STREET ADDRESS	2142 WINDERMERE CIR.				
CITY-ST-ZIP	PENSACOLA, FL 32503				
TITLE	VST				
NAME	BAKER, RICHARD R				
STREET ADDRESS	17 PALAFOX ST. #394				
CITY-ST-ZIP	PENSACOLA, FL				
TITLE					
NAME					
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TITLE				INI '	THIS SPACE
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STREET ADDRESS					•
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS			1		

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vac 4-10-07 850-434-533

Daytime Phone #