

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V58303

FILED
Feb 04, 2005
Secretary of State

Entity Name: RSBP ENTERPRISES, INC.

Current Principal Place of Business:

1617 SAN MARCO BLVD.
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

1617 SAN MARCO BLVD
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-3136543 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOGULLO, CHARLOTTE
11754 VILLAGE LANE
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: LOGULLO, CHARLOTTE
Address: 11754 VILLAGE LANE
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: TD () Delete
Name: SCALLAN, WALTER S III
Address: 305 PAYNE RD
City-St-Zip: PENSACOLA, FL 32507 US

Title: DV () Delete
Name: PEARCE, GILLIAN M
Address: 8623 SANCHEZ ROAD
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: DP () Delete
Name: PEARCE, ROBERT S
Address: 8623 SANCHEAZ ROAD
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: D () Delete
Name: PEARCE, ELIZABETH C
Address: 315 W 55TH ST APT 3E
City-St-Zip: NEW YORK, NY 10019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT S.B PEARCE

DP

02/04/2005

Electronic Signature of Signing Officer or Director

_____ Date