

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # V58303

1. Entity Name  
RSBP ENTERPRISES, INC.



Principal Place of Business  
1617 SAN MARCO BLVD.  
JACKSONVILLE, FL 32207 US

Mailing Address  
1617 SAN MARCO BLVD  
JACKSONVILLE, FL 32207 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-3136543

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

LOGULLO, CHARLOTTE  
11754 VILLAGE LANE  
JACKSONVILLE, FL 32223

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGULLO, CHARLOTTE		NAME	
STREET ADDRESS	11754 VILLAGE LANE		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCALLAN, WALTER S III		NAME	
STREET ADDRESS	305 PAYNE RD		STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, GILLIAN M		NAME	
STREET ADDRESS	11657 VILLAGE LANE		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, ROBERT S		NAME	
STREET ADDRESS	11657 VILLAGE LANE		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIENNET, ELIZABETH C		NAME	
STREET ADDRESS	315 W 55TH ST APT 3E		STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.23.07

Date

Daytime Phone #