


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90048 006 ***150.00

DOCUMENT # F95000002832

1. Entity Name
R.P. MULLER, INC.



Principal Place of Business
**88 NE 5TH AVE
 DELRAY BEACH, FL 33483**

Mailing Address
**88 NE 5TH AVE
 DELRAY BEACH, FL 33483**

14003495



2. Principal Place of Business
3300 SW 14th Place
 Suite, Apt. #, etc.
Unit 3

3. Mailing Address
3300 SW 14th Place
 Suite, Apt. #, etc.
Unit 3

04072004 Chg-P CR2E034 (10/03)

City & State
Boynton Beach, FL

City & State
Boynton Beach, FL

Zip
33426-9034 Country
USA

Zip
33426-9034 Country
USA

4. FEI Number
65-0591107

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHONE, LARRY
 72 NE 5TH AVENUE
 DELRAY BEACH, FL 33483**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------------|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | HAYES, BRENDA |
| STREET ADDRESS | 88 NE 5TH AVE |
| CITY-ST-ZIP | DELRAY BEACH, FL 33483 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | JONES, DEBORAH |
| STREET ADDRESS | 88 NE 5TH AVE |
| CITY-ST-ZIP | DELRAY BEACH, FL 33483 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | MULLER, KEVIN |
| STREET ADDRESS | 88 NE 5TH AVE |
| CITY-ST-ZIP | DELRAY BEACH, FL 33483 |
| TITLE | P <input type="checkbox"/> Delete |
| NAME | MULLER, RALPH P |
| STREET ADDRESS | 88 NE 5TH AVE |
| CITY-ST-ZIP | DELRAY BEACH, FL 33483 |
| TITLE | S <input type="checkbox"/> Delete |
| NAME | CALEDONIAN BANK & TRUST LIMITED |
| STREET ADDRESS | P.O. BOX 1043 N/A |
| CITY-ST-ZIP | GRAND CAYMAN/CAYMAN ISLANDS, |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 3300 SW 14th Place Unit 3 |
| CITY-ST-ZIP | Boynton Beach, FL 33426-9034 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 3300 SW 14th Place Unit 3 |
| CITY-ST-ZIP | Boynton Beach, FL 33426-9034 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 3300 SW 14th Place Unit 3 |
| CITY-ST-ZIP | Boynton Beach, FL 33426-9034 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: Kevin J Muller **4-13-04** **501-278-2394**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #