


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000002832

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



Principal Place of Business Mailing Address

3300 SW 14TH PLACE, UNIT 3 **3300 SW 14TH PLACE, UNIT 3**
BOYNTON BEACH, FL 33426-9034 **BOYNTON BEACH, FL 33426-9034**



02252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0591107 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

DO NOT WRITE IN THIS SPACE

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, 2005 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
NAME	HAYES, BRENDA
STREET ADDRESS	3300 SW 14TH PLACE, UNIT 3
CITY-ST-ZIP	BOYNTON BEACH, FL 334269034
TITLE	D
NAME	JONES, DEBORAH
STREET ADDRESS	3300 SW 14TH PLACE, UNIT 3
CITY-ST-ZIP	BOYNTON BEACH, FL 334269034
TITLE	D
NAME	MULLER, KEVIN
STREET ADDRESS	3300 SW 14TH PLACE, UNIT 3
CITY-ST-ZIP	BOYNTON BEACH, FL 334269034
TITLE	P
NAME	MULLER, RALPH P
STREET ADDRESS	3300 SW 14TH PLACE, UNIT 3
CITY-ST-ZIP	BOYNTON BEACH, FL 334269034
TITLE	S
NAME	CALEDONIAN BANK & TRUST LIMITED
STREET ADDRESS	P.O. BOX 1043 N/A
CITY-ST-ZIP	GRAND CAYMAN/CAYMAN ISLANDS,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

04/15/05-80006-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **4-8-05** **561-364-2707**

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