


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90105 010 ***150.00

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**

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

4252007 Chg-P CR2E034 (12/06)

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
151 NW 1ST AVE
DELRAY BEACH, FL 33444

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, 2007 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 checked="" type="checkbox"/> Delete
NAME	HAYES, BRENDA
STREET ADDRESS	3300 SW 14TH PLACE, UNIT 3
CITY-ST-ZIP	BOYNTON BEACH, FL 334269034
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	JONES, DEBORAH
STREET ADDRESS	3300 SW 14TH PLACE, UNIT 3
CITY-ST-ZIP	BOYNTON BEACH, FL 334269034
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MULLER, KEVIN
STREET ADDRESS	3300 SW 14TH PLACE, UNIT 3
CITY-ST-ZIP	BOYNTON BEACH, FL 334269034
TITLE	P <input type="checkbox"/> Delete
NAME	MULLER, RALPH P
STREET ADDRESS	3300 SW 14TH PLACE, UNIT 3
CITY-ST-ZIP	BOYNTON BEACH, FL 334269034
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Pennington, John
STREET ADDRESS	3300 SW 14th Place Unit 3
CITY-ST-ZIP	Boynton Beach, FL 33426-9034

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: *John Pennington* **John Pennington** 4-27-07 501-364-2707

Signature and typed or printed name of signing officer or director Date Daytime Phone #