


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90072 034 \*\*\*150.00

<b>DOCUMENT # 240596</b> 1. Entity Name R & M FABRICS INC	
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Principal Place of Business 2700 N.W. FEDERAL HWY STUART, FL 34994	Mailing Address 2434 MYRTLE STREET JENSEN BEACH, FL 34957 US
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**DO NOT WRITE IN THIS SPACE**



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0908569	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  FUNSTON, MARY C. 2734 MYRTLE STREET JENSEN BEACH, FL 34957
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FUNSTON, PETER 4391 SE HAIG POINT CT STUART, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RICA, KELLY F 5 BANYAN ROAD SEWALLS POINT, FL 34996
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FUNSTON, MARY C 4391 SE HAIG POINT CT STUART, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SILVESTER, STACY 6151 SE WINGED FOOT DR STUART, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICA, JOHN 5 BANYAN RD. SEWALLS POINT, FL 34996
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ <small>Date</small>	Daytime Phone # _____ <small>Daytime Phone #</small>
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