

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000070997

1. Entity Name
R.P.B. DESIGNS, INC.



Principal Place of Business
25188 MARION AVENUE
UNIT D 411
PUNTA GORDA, FL 33950 US

Mailing Address
25188 MARION AVENUE
UNIT D 411
PUNTA GORDA, FL 33950 US



03012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2842434

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOURQUE, ROSALIE
25188 MARION AVENUE
UNIT D 411
PUNTA GORDA, FL 33950

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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

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

TITLE	P VP
NAME	BOURQUE, ROSALIE
STREET ADDRESS	25188 MARION AVENUE UNIT D 411
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	S
NAME	MULLEY, SHARON
STREET ADDRESS	215 INLAND CIR
CITY-ST-ZIP	NEWMAN, GA 30263
TITLE	T
NAME	FOSTER, DIANE
STREET ADDRESS	11 SHADY OAK DR
CITY-ST-ZIP	NEWMAN, GA 30263
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/20/07-80059-010 150.00

**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

SIGNATURE:

Rosalie P. Bourque
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/07
Date

828 582-6471
Daytime Phone #