

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000070997

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

FILED  
Feb 09, 2009  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 20-2842434

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P VP ( ) Delete  
Name: BOURQUE, ROSALIE  
Address: 25188 MARION AVENUE UNIT D 411  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: S ( ) Delete  
Name: MULLEY, SHARON  
Address: 215 INLAND CIR  
City-St-Zip: NEWNAN, GA 30263

Title: T ( ) Delete  
Name: FOSTER, DIANE  
Address: 11 SHADY OAK DR  
City-St-Zip: NEWNAN, GA 30263

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSALIE BOURQUE

PRES

02/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date