

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000056092

1. Entity Name
RML DESIGNS, INC.



FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90020 021 ***150.00

Principal Place of Business
4416 NEPTUNE ST
TAMPA, FL 33609 US

Mailing Address
4416 NEPTUNE ST
TAMPA, FL 33609 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02292004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-2294354

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOONEY, MARK F
1211 W FLETCHER AVE
TAMPA, FL 33612

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

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, 2004 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 ☐ Delete
NAME TUYLS, PAUL
STREET ADDRESS 202 MONROE STREET
CITY-ST-ZIP ISLAMORADA, FL 35007

TITLE D ☒ Delete
NAME YOUNG, FRANCES
STREET ADDRESS 3927 BAY CT AVE
CITY-ST-ZIP TAMPA, FL 33611

TITLE P ☐ Delete
NAME LOVELL, RUTH
STREET ADDRESS 4416 NEPTUNE STREET
CITY-ST-ZIP TAMPA, FL 33629

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME PAULA TUYLS
STREET ADDRESS 41 ORANGE AVE
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE D ☐ Change ☒ Addition
NAME BRETT OSSMAN
STREET ADDRESS 4416 NEPTUNE ST.
CITY-ST-ZIP TAMPA FL 33629

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ruth Lovell*

RUTH LOVELL

2/29/2004 287-3324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #