

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

~~FILED~~
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000056092		
1. Entity Name RML DESIGNS, INC.		
Principal Place of Business 4416 NEPTUNE ST TAMPA, FL 33609 US	Mailing Address 4416 NEPTUNE ST TAMPA, FL 33609 US	



DO NOT WRITE IN THIS SPACE

02282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2294354	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUYLS, PAULA 41 ORANGE AVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSSMAN, BRETT 4416 NEPTUNE ST TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOVELL, RUTH 4416 NEPTUNE STREET TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/19/05-80006-015 150.00

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IN THIS SPACE**

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/2005
Date

Daytime Phone #