ANNUAL REPORT

DOCUMENT # P99000040854

1. Entity Name

R DESIGN AND DEVELOPMENT, INC.



Principal Place of Business

8030 NW 96 TERR

#212

TAMARAC, FL 33321

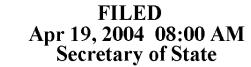
Mailing Address

8030 NW 96 TERR

#212

DO NOT WRITE IN THIS SPACE

TAMARAC, FL 33321





04102004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0929394

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

MULCAHY, ROBERT J 8030 NW 96TH TERR TAMARAC, FL 33321

DO NOT WRITE IN THIS SPACE

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8. The above the obligated SIGNATURE.	named entity submits this statement for the pations of registered agent.	urpose of changing its register	ed office or re	gistered agent, or bo	oth, in the State of Florida. I am fam	illar with, and accep
SIGNATURES	Signature, typed or printed name of registered agent and title to	applicable. (NOTE: Registere	d Agent signature	required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	والمراجع والمراجع والمراجع	A CONTRACTOR OF THE CONTRACTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULCAHY, ROBERT J 8030 NW 96 TERRACE SUITE 212 TAMARAC, FL 33321				Miniant essa	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULCAHY, STACY B 8030 NW 96 TERRACE SUITE 212 TAMARAC, FL 33321	,			U00000118387 04/13/04-80057-021	150,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME SIREET ADDRESS CITY-ST-ZIP						
TRIE						

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

NAME STREET ADDRESS CITY-ST-ZIP

Staci B. Mucahy

4/8/04

(954)914-3145