

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000001252

**Entity Name:** RKA INTEGRATED SYSTEMS, INC.

**Current Principal Place of Business:**

12557 NEW BRITTANY BLVD.  
SUITE #4  
FORT MYERS, FL 33907

**Current Mailing Address:**

POST OFFICE BOX 07220  
FT MYERS, FL 33919 US

**FEI Number:** 27-5214409

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

LOCHRIDGE, THOMAS R  
12557 NEW BRITTANY BLVD.  
SUITE #4  
FORT MYERS, FL 33907 US

*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

**Officer/Director Detail :**

Title           DPS  
Name           LOCHRIDGE, THOMAS R  
Address        12557 NEW BRITTANY BLVD.  
                  SUITE #4  
City-State-Zip: FORT MYERS FL 33907

Title           D  
Name           LOCHRIDGE, LARONDA K  
Address        12557 NEW BRITTANY BLVD.  
                  SUITE #4  
City-State-Zip: FORT MYERS FL 33907

*I hereby 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 all other like empowered.*

**SIGNATURE:** THOMAS R. LOCHRIDGE

**PRESIDENT**

**01/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date