

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90136 001 ***300.00

DOCUMENT # 504419

1. Entity Name
R. L. C. ENGINEERING, INC.



Principal Place of Business

**115 A 177 AVE W
REDINGTON SHORES, FL 33708 US**

Mailing Address

**115 A 177 AVE W
REDINGTON SHORES, FL 33708 US**

66407995



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1688892

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LEON, RALPH PE
115 A 177 AVE W
REDINGTON SHORES, FL 33708**

**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, 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 PD
NAME LEON, RALPH P.E.
STREET ADDRESS 115 A 177 AVE W
CITY-ST-ZIP REDINGTON SHORES, FL 33708

TITLE SD
NAME LEON, OLGA
STREET ADDRESS 115 A 177 AVE W
CITY-ST-ZIP REDINGTON SHORES, FL 33708

TITLE V
NAME PASSOS, JOHN DAS
STREET ADDRESS 5573 HARBORSIDE DR
CITY-ST-ZIP TAMPA, FL 336153681

TITLE T
NAME LEON, OLGA
STREET ADDRESS 115 A 177 AVE W
CITY-ST-ZIP REDINGTON SHORES, FL 33708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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: **RALPH LEON, P.E**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-23-04 (813) 967-6930