

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90104 035 ***150.00

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**

50025716



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1688892

Applied For
Not Applicable

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

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, 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	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 DELETE
STREET ADDRESS	5579 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-05 (813)967-6930
Date Daytime Phone #