



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000001854 1. Entity Name RALPH C. TYLER, P.E., P.S., INC.	
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Principal Place of Business 1120 CHESTER AVE STE 200 CLEVELAND, OH 44114	Mailing Address 1120 CHESTER AVE STE 200 CLEVELAND, OH 44114
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DO NOT WRITE IN THIS SPACE


02282005 No Chg-P CR2E034 (10/03)
4. FEI Number 34-1558292 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RAYSON, JOHN C
2400 EAST OAKLAND PARK BLVD
WEST PALM BEACH, FL 33306

**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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO TYLER, RALPH S 1120 CHESTER AVE., STE 200 CLEVELAND, OH 44114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TYLER, MABLE S 1120 CHESTER AVE., STE 200 CLEVELAND, OH 44114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV PARAMANANDAM, KALY 1120 CHESTER AVE., STE 200 CLEVELAND, OH 44114
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04/11/05-80018-002 150.00

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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:  **2-28-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #