

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # K25770

1. Entity Name

RLE SOFTWARE ENGINEERING, INC.



Principal Place of Business

Mailing Address

901 NE 3RD ST
POMPANO BEACH FL 33060
US

P.O. BOX 195
WATERFORD CT 06385
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0054411

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EARLES, RICHARD L
901 NE 3RD ST
POMPANO BEACH FL 33060

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME EARLES, RICHARD LEE
STREET ADDRESS 901 NE 3RD ST
CITY- ST- ZIP POMPANO BEACH FL 33060

TITLE ☐ Change ☐ Addition
NAME U000000084911
STREET ADDRESS 03/11/04-80026-021 150.00
CITY- ST- ZIP

TITLE D ☐ Delete
NAME EARLES, SANDRA F.
STREET ADDRESS 901 NE 3RD ST
CITY- ST- ZIP POMPANO BEACH FL 33060

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Richard L. Earles Richard L Earles President

3/7/4

860 447-9775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #