## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000050820

Entity Name: RESTAURANT TECHNOLOGY CONCEPTS, INC.

FILED Apr 22, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3535 CENTRAL AVENUE ST. PETERSBURG, FL 33713					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
3535 CENTRAL AVENUE ST. PETERSBURG, FL 33713					
FEI Number:	20-0017971	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
STAMBAUGH, ROBERT W 4110 BELLE VISTA DRIVE ST. PETE BEACH, FL 33706 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 Agen	t	Date	
Election Cam	paign Financing T	rust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () DO STAMBAUGH, RO 4110 BELLE VIST ST. PETE BEACH	BERT W A DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () DO STAMBAUGH, DE 4110 BELLE VIST ST. PETE BEACH	BORAH J A DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () DO STAMBAUGH, RO 4110 BELLE VIST ST. PETE BEACH	BERT W A DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () DO STAMBAUGH, DE 4110 BELLE VIST ST. PETE BEACH	BORAH J A DRIVE	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	VPOP () DO BOYER, THOMAS 1949 ANCLOTE V TARPON SPRING	ISTA	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VPOO () DO BOYER, CARRIE 1949 ANCLOTE V TARPON SPRING	ISTA	Title: Name: Address: City-St-Zip:	() Change () Addition	
I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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					

Electronic Signature of Signing Officer or Director

above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH J STAMBAUGH

04/22/2008 Date

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