2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P03000050820

Entity Name: RESTAURANT TECHNOLOGY CONCEPTS, INC.

Current Principal Place of Business:

3535 CENTRAL AVENUE
ST. PETERSBURG, FL 33713

New Principal Place of Business:

4110 BELLE VISTA DRIVE
ST PETE BEACH, FL 33706

Current Mailing Address:

3535 CENTRAL AVENUE
ST. PETERSBURG, FL 33713

New Mailing Address:

4110 BELLE VISTA DRIVE
ST PETE BEACH, FL 33706

FEI Number: 20-0017971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STAMBAUGH, ROBERT W
4110 BELLE VISTA DRIVE
ST. PETE BEACH, FL 33706 US

Name and Address of New Registered Agent:

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 Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STAMBAUGH, ROBERT W
Address: 4110 BELLE VISTA DRIVE
City-St-Zip: ST. PETE BEACH, FL 33706

Title: VP ( ) Delete
Name: STAMBAUGH, DEBORAH J
Address: 4110 BELLE VISTA DRIVE
City-St-Zip: ST. PETE BEACH, FL 33706

Title: S ( ) Delete
Name: STAMBAUGH, ROBERT W
Address: 4110 BELLE VISTA DRIVE
City-St-Zip: ST. PETE BEACH, FL 33706

Title: T ( ) Delete
Name: STAMBAUGH, DEBORAH J
Address: 4110 BELLE VISTA DRIVE
City-St-Zip: ST. PETE BEACH, FL 33706

Title: VPOP ( ) Delete
Name: BOYER, THOMAS
Address: 1949 ANCLOTE VISTA
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VPOO ( ) Delete
Name: BOYER, CARRIE
Address: 1949 ANCLOTE VISTA
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: DEBORAH J STAMBAUGH VP 04/27/2009
Electronic Signature of Signing Officer or Director Date