

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90103 050 ***158.75

DOCUMENT # P04000003680

1. Entity Name
R.H.T. ENGINEERING, INC.



Principal Place of Business

319 INMAN ST.
LEHIGH ACRES, FL 33972

Mailing Address

319 INMAN ST.
LEHIGH ACRES, FL 33972

60002475



2. Principal Place of Business - No P.O. Box #

704 Leeland Heights Blvd W

3. Mailing Address

704 Leeland Heights Blvd W

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Lehigh Acres FL

City & State

Lehigh Acres FL

Zip

33936

Country

USA

Zip

33936

Country

USA

01042007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-0807822

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

THOMPSON, RICHARD H
319 INMAN ST.
LEHIGH ACRES, FL 33972

7. Name and Address of New Registered Agent

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.

Richard H. Thompson

(NOTE: Registered Agent signature required when reinstating)

DATE

1-12-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	THOMPSON, RICHARD H	
STREET ADDRESS	319 INMAN ST.	
CITY - ST - ZIP	LEHIGH ACRES, FL 33972	
TITLE	S	<input type="checkbox"/> Delete
NAME	THOMPSON, SARA E	
STREET ADDRESS	319 INMAN ST	
CITY - ST - ZIP	LEHIGH ACRES, FL 33972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 H. Thompson

Date

Daytime Phone #

(239) 369-8900