


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90102 039 ***150.00

DOCUMENT # P04000112169					
1. Entity Name RPL ENGINEERING, INC.					
Principal Place of Business 1610 CHESSER HAMMOCK ROAD PIERSON FL 32180 US			Mailing Address 1610 CHESSER HAMMOCK ROAD PIERSON FL 32180 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country			
4. FEI Number				AP-PLIED FOR	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KEATING, GERARD F 318 SILVER BEACH AVENUE DAYTONA BEACH FL 32118			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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	P <input type="checkbox"/> Delete				
NAME	LEE, ROBERT P				
STREET ADDRESS	106 BRYAN CAVE				
CITY-ST-ZIP	SOUTH DAYTONA FL 32119				
TITLE	VP <input type="checkbox"/> Delete				
NAME	LEE, ROBERT P				
STREET ADDRESS	106 BRYAN CAVE				
CITY-ST-ZIP	SOUTH DAYTONA FL 32119				
TITLE	SEC <input type="checkbox"/> Delete				
NAME	LEE, ROBERT P				
STREET ADDRESS	106 BRYAN CAVE				
CITY-ST-ZIP	SOUTH DAYTONA FL 32119				
TITLE	TRES <input type="checkbox"/> Delete				
NAME	LEE, ROBERT P				
STREET ADDRESS	106 BRYAN CAVE				
CITY-ST-ZIP	SOUTH DAYTONA FL 32119				
TITLE	<input type="checkbox"/> Delete				
NAME					
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					
CITY-ST-ZIP					
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					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>R. P. Lee</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 15-Feb-06 Daytime Phone #: 386-212-0374					