

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000035541

1. Entity Name
R.C.T. ARCHITECTURE, INC.



FILED
07 MAY -1 PM 1:55
STATE OF FLORIDA
ALLAHASSEE, FLORIDA

Principal Place of Business
701 NORTH POINT PARKWAY
SUITE 205
WEST PALM BEACH, FL 33407

Mailing Address
1120 CHESTER AVE
STE 200
CLEVELAND, OH 44114

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0669120

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

RAYSON, JOHN C ESQ
2400 EAST OAKLAND PARK BLVD.
FORT LAUDERDALE, FL 33306

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 reinstating)

DATE

Amended AR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CMD
TYLER, RALPH S
18101 DAELBURNE FORD
NILES, MI 49121 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
701 NORTH POINT PARKWAY
WEST PALM BEACH, FL 33407 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
TYLER, RALPH S
18101 DAELBURNE FORD
NILES, MI 49121 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
701 NORTH POINT PARKWAY
WEST PALM BEACH, FL 33407 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
BURPHY, JAMES V AST-S
5241 CEDAR LAKE RD., APT. 4-9
BOYNTON BEACH, FL 33437 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900103097499
05/23/07--01014--027 **\$61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GEOFFREY M. VARGA
701 NORTH POINT PARKWAY
WEST PALM BEACH, FL 33407 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

Ralph Tyler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07

Date

Daytime Phone #