

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000035546**

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



Principal Place of Business  
701 NORTH POINT PARKWAY  
SUITE 310  
WEST PALM BEACH, FL 33407

Mailing Address  
701 NORTH POINT PARKWAY  
SUITE 310  
WEST PALM BEACH, FL 33407



02082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0666245

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDS  
TYLER, RALPH S  
18101 SHELburnE  
CLEVELAND HEIGHTS, OH 44118

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
OVERSTREET, E. LOUIS  
575 W. MADISON STREET  
CHICAGO, IL 60661

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
BURPHY, JAMES V  
6603 CONSTANCE ST  
LAKE WORTH, FL 33467

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000664257  
03/22/07-80038-003 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #