

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # S79032 1. Entity Name RKB ARCHITECTS PLANNERS INCORPORATED	
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Principal Place of Business
**3350 NW 2ND AVE
STE B8
BOCA RATON, FL 33431 US**

Mailing Address
**3350 NW 2ND AVE.
STE B-8
BOCA RATON, FL 33431 US**



01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0283530	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHULMAN, PEGGY B.
21694 TOWN PLACE DRIVE
BOCA RATON, FL 33433**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000243181
02/25/05-80029-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, RICHARD K. 3350 NW 2ND AVE. STE B-8 BOCA RATON, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULMAN, PEGGY B. 21694 TOWN PLACE DRIVE BOCA RATON, FL 33433
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowers.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 23, 2005 / 561 7503661
Date Daytime Phone #