


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90050 020 ***150.00

DOCUMENT # P02000025288

1. Entity Name
R.T.S. ELECTRIC, INC.



Principal Place of Business Mailing Address

1331 SW 82 AVE #1914 PLANTATION FL 33324 **1331 SW 82 AVE #1914 PLANTATION FL 33324**

24066000



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

7950 N.W. 89 Ave **7950 N.W. 89 Ave**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Tamarac FL 33321 **Tamarac Florida**

City & State City & State

33321 **Broward** **33321** **Broward**

4. FEI Number Applied For

04-3648859 Not Applicable

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

6. Name and Address of Current Registered Agent

REAVES, BARRY E
1331 SW 82 AVE #1914
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name **Barry E. Reaves**

Street Address (P.O. Box Number is Not Acceptable) **7950 N.W. 89 Ave**

City **Tamarac** State **FL** Zip **33321**

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  DATE **3-10-04**

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State.

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PTVS	<input type="checkbox"/> Delete
NAME	REAVES, BARRY E	
STREET ADDRESS	1331 SW 82 AVE #1914	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	REAVES, BARRY E	
STREET ADDRESS	1260 SW 82ND TERR., APT. 221	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	President - Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barry E. Reaves	
STREET ADDRESS	7950 N.W. 89 Ave	
CITY-ST-ZIP	Tamarac FL 33321	
TITLE	Vice Pres. - Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rina Reaves	
STREET ADDRESS	7950 N.W. 89 Ave	
CITY-ST-ZIP	Tamarac FL 33321	
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 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 empowered.

SIGNATURE:  DATE **3-10-04** DAYTIME PHONE # **954-257-9509**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #