

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
1331 SW 82 AVE #1914 PLANTATION FL 33324

Mailing Address
1331 SW 82 AVE #1914 PLANTATION FL 33324

24066000



MOORE CR2E034 (11/03)

2. Principal Place of Business
7950 N.W. 89 Ave
 Suite, Apt. #, etc.
Tamarac FL 33321
 City & State

3. Mailing Address
7950 N.W. 89 Ave
 Suite, Apt. #, etc.
Tamarac Florida
 City & State

4. FEI Number **04-3648859** Applied For
 Not Applicable

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

Zip **33321** Country **Broward** Zip **33321** Country **Broward**

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** 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**

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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTVS <input type="checkbox"/> Delete REAVES, BARRY E 1331 SW 82 AVE #1914 PLANTATION FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete REAVES, BARRY E 1260 SW 82ND TERR., APT. 221 PLANTATION FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Barry E. Reaves 7950 N.W. 89 Ave Tamarac FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. - Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rina Reaves 7950 N.W. 89 Ave Tamarac FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**