

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

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

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 *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-10-04

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTVS ☐ Delete
NAME REAVES, BARRY E
STREET ADDRESS 1331 SW 82 AVE #1914
CITY-ST-ZIP PLANTATION FL 33324

TITLE D ☐ Delete
NAME REAVES, BARRY E
STREET ADDRESS 1260 SW 82ND TERR., APT. 221
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President - Treasurer ☒ Change ☐ Addition
NAME Barry E. Reaves
STREET ADDRESS 7950 N.W. 89 Ave
CITY-ST-ZIP Tamarac FL 33321

TITLE Vice Pres. - Secretary ☒ Change ☐ Addition
NAME Rina Reaves
STREET ADDRESS 7950 N.W. 89 Ave
CITY-ST-ZIP Tamarac FL 33321

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

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

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

TITLE ☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-04

Date

954-257-9509

Daytime Phone #