



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 23, 2004 08:00 AM -
Secretary of State

DOCUMENT # 488745 1. Entity Name R/S ELECTRIC, INC.					
Principal Place of Business 1301 29TH AVENUE W. BRADENTON FL 34205-6935				Mailing Address 1301 29TH AVENUE W. BRADENTON FL 34205-6935	
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.		 MOORE CR2E034 (11/03)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 59-1638250				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REYNOLDS, JAMES 1301 29TH AVE. W. BRADENTON FL				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 60%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REYNOLDS, JAMES 1301 29TH AVE. W. BRADENTON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000011664 01/23/04-80046-017 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST REYNOLDS, DARLENE W 1301 29TH AVE W BRADENTON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-20-04 941-748-18