2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 23, 2004 08:00 AM -DOCUMENT # 488745 Secretary of State 1. Entity Name R/S ELECTRIC, INC. Principal Place of Business Mailing Address 1301 29TH AVENUE W. BRADENTON FL 34205-6935 1301 29TH AVENUE W. BRADENTON FL 34205-6935 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 59-1638250 Not Applicat Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REYNOLDS, JAMES 1301 29TH AVE. W. Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL** Zip Code City 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 access the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May B After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11 TITLE ☐ Change TITLE ☐ Delete NAME REYNOLDS, JAMES NAME U00000011664 01/23/04-80046-017 150.00 1301 29TH AVE. W. STREET ADDRESS STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change □ Adi∵ TITLE REYNOLDS, DARLENE W NAME NAME STREET ADDRESS STREET ADDRESS 1301 29TH AVE W BRADENTON FL CITY-ST-ZIP CITY-ST-ZIP ☐ Add TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-7IP ☐ Delete TIME Change TITE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Add TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS SYRFET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Adir ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(f). Florida Statutes. I further certify that the informatic 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 directly 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 1 changed, or on an attachment with an address, with all other like explowered.

SIGNATURE:

FILED

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