


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # H56047 1. Entity Name R & R ELECTRIC OF GULF COAST, INC.	
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Principal Place of Business 4001 LINWOOD STREET SARASOTA, FL 34232 US	Mailing Address C/O CHRISTIANSEN & DEHNER, P.A. 63 SARASOTA CENTER BLVD, STE 107 SARASOTA, FL 34240 US
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01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2535457	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHRISTIANSEN & DEHNER, P.A. 63 SARASOTA CENTER BLVD SUITE 107 SARASOTA, FL 34240
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FURR, RICHARD 4001 LINWOOD ST. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FURR, JANET 4001 LINWOOD ST. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETERS, RICHARD 3659 WALDEN POND DR SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  JANET FURR/SECRETARY/TREASURER	Date 2/24/2005	Cc/time Phone # 941-371-4069
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		