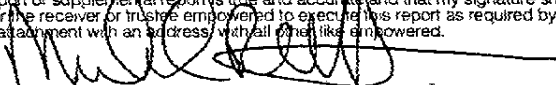


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L69681 1. Entity Name MRE ELECTRIC, INC.		
Principal Place of Business 830 DEERFIELD AVE BAY 10 DEERFIELD BEACH, FL 33441 US		Mailing Address 830 S. DEERFIELD AVE BAY #10 DEERFIELD BEACH, FL 33441 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent EBBITT, MICHAEL R. 1464 NE 54TH ST POMPANO BEACH, FL 33064		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	D EBBITT, MICHAEL R 830 S. DEERFIELD AVE DEERFIELD BEACH, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EBBITT, MICHAEL R. 1464 NE 54 ST POMPANO BEACH, FL 33064	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		01/08/04 954 427-8237 Date Daytime Phone #



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0194669	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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IN THIS SPACE**

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01/13/04-80017-020 158.75

**DO NOT WRITE
IN THIS SPACE**