



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 02, 2004 8:00 am**  
**Secretary of State**

09-02-2004 90077 027 \*\*\*150.00

<b>DOCUMENT # P00000042617</b> 1. Entity Name <b>R &amp; D AUTO ELECTRIC SERVICE, INC.</b>			
Principal Place of Business <b>5000 E BUSINESS 98 PANAMA CITY, FL 32404</b>		Mailing Address <b>5000 E BUSINESS 98 PANAMA CITY, FL 32404</b>	
			
		08112004    No Chg-P    CR2E034 (10/03)	
4. FEI Number <b>59-3655382</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROSE, KEVIN 5000 E BUSINESS 98 PANAMA CITY, FL 32404</b>			
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 _____			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE	P		
NAME	ROSE, KEVIN		
STREET ADDRESS	5000 E BUS 98		
CITY-ST-ZIP	PANAMA CITY, FL 32404		
TITLE	VP		
NAME	ROSE, KEVIN		
STREET ADDRESS	5000 E BUS 98		
CITY-ST-ZIP	PANAMA CITY, FL 32404		
TITLE	S		
NAME	ROSE, DOUG		
STREET ADDRESS	5000 E BUS 98		
CITY-ST-ZIP	PANAMA CITY, FL 32404		
TITLE	T		
NAME	ROSE, KEVIN		
STREET ADDRESS	5000 E BUS 98		
CITY-ST-ZIP	PANAMA CITY, FL 32404		
TITLE	D		
NAME	ROSE, KEVIN		
STREET ADDRESS	5000 E BUS 98		
CITY-ST-ZIP	PANAMA CITY, FL 32404		
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)(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: <u>    K a Rose    </u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>    8-31-04    </u> Daytime Phone # _____	

2.5

ATTACHMENT

24683174 August 31, 2004  
# P00000042617

To whom it may concern:

I never recieved the January 2004  
postcard. I spoke to a representative on  
the phone today, Tues. 8-31-04, and was  
told the late would be waived, this  
time only.

Thank You,

*Kerina Rose*  
Kerina A. Rose

PH # 850-896-3277

FAX 850-871-0791