## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **ANNUAL REPORT** May 03, 2004 08:00 AN Secretary of State DOCUMENT # P00000115696 1. Entity Name RONDEAU ELECTRIC INC. Principal Place of Business Mailing Address **4366 MARINER RD** 4366 MARINER RD BONITA SPRINGS, FL 34134 **BONITA SPRINGS, FL 34134** 04132004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1065952 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RONDEAU, JOEL C DO NOT WRITE 4366 MARINER RD **BONITA SPRINGS, FL 34134** IN THIS SPACE 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) U00000152263 05/04/04-80078-023 150.00 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RONDEAU, JOEL C NAME STREET ADDRESS 4366 MARINER RD CITY-ST-ZIP BONITA SPRINGS, FL 34134 TIFLE STREET ADDRESS CITY-ST-ZIP TIRLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

1 1 P D .

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

239-250-2464

FILED