


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90107 010 ***158.75

DOCUMENT # P02000127082 1. Entity Name ELECTRICAL MASTERS AND A/C, INC.																											
Principal Place of Business 7608 CARON ROAD TAMPA, FL 33615		Mailing Address 7608 CARON ROAD TAMPA, FL 33615																									
2. Principal Place of Business 4807 N. LOIS AVE. Suite, Apt. #, etc. Suite A City & State TAMPA FL Zip 33614 Country		3. Mailing Address 4807 N. LOIS AVE. Suite, Apt. #, etc. # A City & State TAMPA FL Zip 33614 Country																									
4. FEI Number 65-1168095		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent ROBBINS, MURRAY B 7608 CARON ROAD TAMPA, FL 33615		7. Name and Address of New Registered Agent Name MURRAY B. Robbins Street Address (P.O. Box Number is Not Acceptable) 7401 Sade St. City TAMPA FL Zip Code 33615																									
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 <u><i>[Signature]</i></u> Murray B. Robbins, President/Director 4/9/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROBBINS, MURRAY B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7608 CARON ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33615</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	ROBBINS, MURRAY B		STREET ADDRESS	7608 CARON ROAD		CITY-ST-ZIP	TAMPA, FL 33615		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P/D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Robbins, Murray B.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7401 Sade St.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33615</td> <td></td> </tr> </table>		TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Robbins, Murray B.		STREET ADDRESS	7401 Sade St.		CITY-ST-ZIP	TAMPA, FL 33615	
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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><i>[Signature]</i></u> Murray Robbins 4/9/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Daytime Phone #																									

24043991



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