

2004 ANNUAL REPORT
FOR PROFIT CORPORATION 2004
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90014 010 ***158.75

DOCUMENT # P03000109904

1. Entity Name

JIM MASTERS ELECTRIC, INC.



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93001401

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2. Principal Place of Business

5265 ST. AMBROSE CHURCH
Suite, Apt. #, etc. ROAD

3. Mailing Address

5265 ST. AMBROSE CHURCH RD
Suite, Apt. #, etc.

City & State

ELKTON, FL.

City & State

ELKTON, FL.

4. FEI Number

33-1072894

Applied For

Not Applicable

Zip

32033

Country

ST. JOHNS

Zip

32033

Country

ST. JOHNS

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES MASTERS

Street Address (P.O. Box Number is Not Acceptable)

5265 ST. AMBROSE CHURCH RD.

City

ELKTON

FL

Zip Code

32033

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DIRECTOR, PRESIDENT, SEC / TREASURER
NAME JAMES MASTERS
STREET ADDRESS 5265 ST. AMBROSE CHURCH RD.
CITY-ST-ZIP ELKTON, FL. 32033

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James Masters

JAMES MASTERS

1-1-04 904 692-2416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)