


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000109904</b> 1. Entity Name <b>JIM MASTERS ELECTRIC, INC.</b>	
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Principal Place of Business  
**5265 ST. AMBROSE CHURCH ROAD  
ELKTON, FL 32033**

Mailing Address  
**5265 ST. AMBROSE CHURCH ROAD  
ELKTON, FL 32033**



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>33-1072894</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MASTERS, JAMES  
5265 ST. AMBROSE CHURCH ROAD  
ELKTON, FL 32033**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

000000215612  
02/05/05-80016-002 158.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD MASTERS, JAMES 5265 ST. AMBROSE CHURCH ROAD ELKTON, FL 32033
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IN THIS SPACE**

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: James I. Masters - JAMES I. MASTERS** 1-31-05 904 692-2416  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #