

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000129190



1. Entity Name
R & B MASTER ELECTRIC, INC

Principal Place of Business
**6204 LAKE LIZZIE DRIVE
ST. CLOUD, FL 34771**

Mailing Address

**6204 LAKE LIZZIE DRIVE
ST. CLOUD, FL 34771**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

Applied For

20-037296-2

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMIDT, ROBERT J
1385 17TH STREET
ST. CLOUD, FL 34769**

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P,S
NAME: SMIDT, ROBERT J
STREET ADDRESS: 1385 17TH STREET
CITY-ST-ZIP: ST. CLOUD, FL 34769

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE: VP
NAME: OSCZEPINSKI, ROBERT
STREET ADDRESS: 6204 LAKE LIZZIE DRIVE
CITY-ST-ZIP: ST. CLOUD, FL 34771

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE: T
NAME: SMIDT, ROB A
STREET ADDRESS: 1823 VERA DRIVE
CITY-ST-ZIP: ST. CLOUD, FL 34771

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

Delete

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STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04 407-873-9176
Daytime Phone #

Date