


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000021751**  
1. Entity Name  
**RTS CONVERTERS, INC.**



Principal Place of Business  
**4013 GAY ROAD  
ORANGE PARK, FL 32065**

Mailing Address  
**P.O. BOX 30438  
DOCTORS INLET,, FL 32030 US**

**DO NOT WRITE IN THIS SPACE**



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3424988**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**REYNOLDS, RAYMOND K  
4013 GAY RD  
ORANGE PARK, FL 32065**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**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**

U00000104542  
04/06/04-80016-013 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYNOLDS, RAYMOND K P.O. BOX 30438 DOCTORS INLET, FL 32030
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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)(f), 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: Raymond K Reynolds 4/5/04 904-591-4221  
Signature and typed or printed name of signing officer or director Date Daytime Phone #