2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V13868

Entity Name: RF SPECIALTIES OF FLORIDA, INC.

FILED Apr 06, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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33 JOHN SIMS PARKWAY 4706 YOUNG ROAD

VALPARAISO, FL 32580 US CRESTVIEW, FL 32539 US

Current Mailing Address: New Mailing Address:

33 JOHN SIMS PARKWAY P. O. BOX 1700

VALPARAISO, FL 32580 US CRESTVIEW, FL 32536 US

FEI Number: 59-3104617 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOISINGTON, WILLIAM K
33 JOHN SIMS PARKWAY
VALPARAISO, FL 32580 US
HOISINGTON, WILLIAM K
4706 YOUNG ROAD
CRESTVIEW, FL 32539 US

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.

SIGNATURE: 04/06/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S () Delete Title: S (X) Change () Addition

Name:MCCOY, GENE JRName:MCCOY, GENE JRAddress:1211 TENTH AVENUEAddress:212 NORTH 39TH STREET

City-St-Zip: CENTRAL CITY, NE 66826 City-St-Zip: ORD, NE 68862

 Name:
 MCCOY, GENE SR
 Name:
 MCCOY, GENE SR

 Address:
 2925 RIO VISTA
 Address:
 36929 BETH AVENUE

 City-St-Zip:
 EMPORIA, KS 66801
 City-St-Zip:
 ZEPHYRHILLS, FL 33541

Title: V () Delete Title: V (X) Change () Addition

 Name:
 TURNEY, WILLIAM P.
 Name:
 TURNEY, WILLIAM P.

 Address:
 1023 STEPHENS DRIVE
 Address:
 1174 HERITAGE ROAD

 City-St-Zip:
 NICEVILLE, FL 32578
 City-St-Zip:
 SEDAN, KS 67361

Title: P () Delete Title: () Change () Addition

 Name:
 HOISINGTON, WILLIAM K.
 Name:

 Address:
 4706 YOUNG RD
 Address:

 City-St-Zip:
 CRESTVIEW, FL 32539
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM K. HOISINGTON P 04/06/2005