## **FILED** 2005 FOR PROFIT CORPORATION ANNUAL REPORT Jan 19, 2005 8:00 am Secretary of State

DOCUMENT # P04000024730					Secretary or State					
1. Entity Name RABIDEAU ELECTRIC COMPANY, INC.						01-19-2005 90007 018 ***150.00				
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,	FROM MONBOS CAMP, BUND C	Se ver								
Principal Place	of Business			_						
5671. MONRO	OAD S.			2.	* **	JUVV	,000			
JACKSONVILLI	22		76							
aira albania der in romba						A				
Principal Place of Business     3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.										
Suite, Apr. #, etc.		duto, v.p.: 4, oto.		1	01162005	Chg-P	CR2E03	4 (10/03)		
City & State		City & State			4. FEI Numbe	·		_ <del> </del>	plied For	
		Zip Country				5/04	97319			t Applicable
Zip	Country Zip Cou		Coun	try	5. Certificate of Status Desired  \$8.75 Additional Fee Required					
4	6. Name and Address of Current	L				7. Name and	Address of New R			
1985 The Control of t				Name						
RABIDEAU, TERRY L				Street Address (P.O. Box Number is Not Acceptable)						
JACKSON\					· .					
				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 renstating)  ONTE: Registered Agent signature required when renstating)  ONTE: Registered Agent signature required when renstating)										
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May.Be. 人名英格兰 医多种原理 医多种原原理 医多种原理 医多种原原理 医多种原理 医多种原理 医多种原原理 医多种原理 医多种原理 医多种原原性 医原理 医原原理 医原原性原原原性原原理 医原原原理 医原原原性原原原原原理 医原原原原原原原原原原										
After May 4 2005 Fee will be \$550.00 Trust Fund Contribution.										
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STREET ADDRESS	5671 MONROE SMITH ROAD S.			ET ADDRESS	1					
CITY-ST-ZIP.	JACKSONVILLE, FL 32222 V	<u>/                                    </u>	+		-3-1					
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12 I baraby a	actify that the information numbing with	this filing dags not qualify for	the eve	mation atatod is	n Co	otion 110 07/2Vi	) Elorida Statuton	I further corti	fir that the is	formation

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.