


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # S95114 1. Entity Name RELIABLE FINANCIAL SERVICES, INC. |  |
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| Principal Place of Business 9878 SW CR769 ARCADIA, FL 34269 | Mailing Address 9878 SW CR769 ARCADIA, FL 34269 US |
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01132008 No Chg-P CR2E034 (11/05)

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|---|--------------------------------|
| 4. FEI Number 65-0299591 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

FIEDLER, RAYMOND W.
9878 SW CR 769
ARCADIA, FL 34266

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

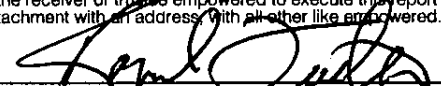
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FIEDLER, RAYMOND W. 9878 SW CR 769 ARCADIA, FL 34269 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD FIEDLER, RONI J. 9878 SW CR 769 ARCADIA, FL 34269 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **1/25/08** **(863) 494-5592**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #