


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000083956**  
 1. Entity Name  
**ACCUSPEC RELIANCE INC.**



|  |  |
|--|--|
| Principal Place of Business<br>10926 WEYMOUTH CIRCLE NORTH<br>JACKSONVILLE, FL 32246 | Mailing Address<br>10926 WEYMOUTH CIRCLE NORTH<br>JACKSONVILLE, FL 32246 |
|--|--|



03012006 No Chg-P CR2ED34 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br>20-0141555                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

6. Name and Address of Current Registered Agent  
 CARLSON, MARY ANN  
 2955 HARTLEY RD  
 STE 204  
 JACKSONVILLE, FL 32257

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DST<br>HERTZER, JOSEPH<br>10926 WEYMOUTH CIRCLE N.<br>JACKSONVILLE, FL 32246  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>HERTZER, VICTORIA G<br>10926 WEYMOUTH CIRCLE N<br>JACKSONVILLE, FL 32246 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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 03/23/06-80040-015 150.00

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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: Joseph R. Hertzler DST JOSEPH R. HERTZER 3/12/06 904-254-624  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #