

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F04000005813

1. Entry Name
RELIABLE REPORTS OF TEXAS, INC.



Principal Place of Business
**1165 S. STEMMONS FWY, STE. 233
LEWISVILLE, TX 75067**

Mailing Address
**1165 S. STEMMONS FWY, STE. 233
LEWISVILLE, TX 75067**

DO NOT WRITE IN THIS SPACE



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 75-2571858	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

**NRAI SERVICES, INC.
2731 EXECUTIVE PK DR, STE 4
WESTON, FL 33331**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(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

000000803018
02/05/08-80008-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD WOLFE, JAMES L 1111 BRIANCREST DR, STE 300 BRYAN, TX 77802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WOLFE, JAMES L 1111 BRIANCREST DR, STE 300 BRYAN, TX 77802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO WOLFE, JAMES L 2800 TEXAS AVE, SUITE 300 BRYAN, TX 77802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPO ROBERTSON, SHAWN 1165 S STEMMONS FWY, STE 233 LEWISVILLE, FL 77802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WOLFE, JAMES L 2800 TEXAS AVE, SUITE 300 BRYAN, TX 77802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEA, GEORGE 1165 S STEMMONS LEWISVILLE, TX 75067

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHAWN ROBERTSON, EXECUTIVE VICE PRESIDENT 1/28/08

Date

Daytime Phone #

572 752 2215