


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 03, 2005 08:00 AM
Secretary of State

DOCUMENT # H94910	
1. Entity Name RELIABLE REPORTING SERVICES, INC.	
	
Principal Place of Business	Mailing Address
1870 STARKEY RD #2 LARGO, FL 33771	1870 STARKEY RD #2 LARGO, FL 33771

DO NOT WRITE IN THIS SPACE

07282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2625229	Applied For <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

**SHINTON, BARRY C
1870 STARKEY ROAD, SUITE #2
LARGO, FL 33771**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000375514
08/03/05-80006--010 550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHINTON, BARRY C
STREET ADDRESS	1870 STARKEY ROAD, SUITE #2
CITY-ST-ZIP	LARGO, FL 33771
TITLE	VP
NAME	SHINTON, ALAN H
STREET ADDRESS	1870 STARKEY ROAD, SUITE #2
CITY-ST-ZIP	LARGO, FL 33771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Barry Shinton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/1/05 727-584-4681