

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J33653**

1. Entity Name  
**RELLEUM, INC.**



Principal Place of Business  
**9105 CORSEA DEL FONTANA WAY  
NAPLES, FL 34109 US**

Mailing Address  
**9105 CORSEA DEL FONTANA WAY  
NAPLES, FL 34109 US**



02042005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2717868**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**RIHS, DOMINIQUE  
5131 SUNBURY COURT  
NAPLES, FL 34104**

**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, 2005 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  
**CPT  
MUELLER, JOHN S.  
9105 CORSEA DEL FONTANA WAY  
NAPLES, FL 34109**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DVS  
WARDEBERG, GREGORY A  
9105 CORSEA DEL FONTANA WAY  
NAPLES, FL 34109**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DV  
SOKOLOFF, MARK A.  
522 MICHIGAN ST., 2ND FLOOR  
PORT HURON, MI 48060**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
THOITS, ANN E  
4825 MOONLIGHT WAY  
PARADISE VALLEY, AZ 85253**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

U000000257379  
03/09/05-80053-003 158.75

12. 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/05

(239) 566-8700

Date

Daytime Phone #

**John Scot Mueller, President**