

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90021 050 ***150.00

DOCUMENT # P01000001096

1. Entity Name:
RELIABLE DESIGN & CONSULTING SERVICES, INC.



Principal Place of Business
**5816 ELLIS HOLLOW ROAD EAST
LAKE WORTH, FL 33463**

Mailing Address
**5816 ELLIS HOLLOW ROAD EAST
LAKE WORTH, FL 33463**

04001601



2. Principal Place of Business

807 Lucerne Ave, Rear
Suite, Apt. #, etc.

3. Mailing Address

807 Lucerne Ave, Rear
Suite, Apt. #, etc.

01192004

Chg-P

CR2E034 (10/03)

City & State

Lake Worth FL

City & State

Lake Worth FL

4. FEI Number

65-1066246

Applied For

Not Applicable

Zip

33460

Country

Zip

33460

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PETERKIN, DEVEREN
5816 ELLIS HOLLOW RD EAST
LAKE WORTH, FL 33463**

7. Name and Address of New Registered Agent

Name **Deveren Peterkin**

Street Address (P.O. Box Number is Not Acceptable)

807 Lucerne Ave, Rear

City **Lake Worth**

FL

Zip Code

33460

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

Deveren Peterkin / DEVEREN PETERKIN / PRESIDENT

1/23/04

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **PETERKIN, DEVERIN**
STREET ADDRESS **5816 ELLIS HOLLOW ROAD EAST**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE **D** ☐ Delete
NAME **OLMSTEAD, DAVID**
STREET ADDRESS **67 W CYPRESS ROAD**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Deveren Peterkin

1/22/04

561-540-5440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #