


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000104669</b> 1. Entity Name <b>RELIABLE PROPERTY MANAGERS INC</b>	
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Principal Place of Business <b>14609 KRISTENRIGHT LANE ORLANDO, FL 32826 US</b>	Mailing Address <b>PMB 345 4250 ALAFAXA TRAIL, SUITE 212 OVIEDO, FL 32765 US</b>
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01132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>04-3604707</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**BURNSIDE, LILLY L  
14609 KRISTENRIGHT LANE  
ORLANDO, FL 32826**

**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 is required when registering

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	<b>PST BURNSIDE, LILLY L 14609 KRISTENRIGHT LANE ORLANDO, FL 32826</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BURNSIDE, CURTIS S 14609 KRISTENRIGHT LANE ORLANDO, FL 32826</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/05/05-80006-022 150.00

**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)(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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-1-05**

Date

DATE OF FILING