


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000122113 1. Entity Name RELIABLE TRUCK PARTS & SERVICE, INC.	
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Principal Place of Business 9009 HIGH COTTON LANE FORT MYERS, FL 33905	Mailing Address 9009 HIGH COTTON LANE FORT MYERS, FL 33905
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**DO NOT WRITE IN THIS SPACE**

04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 26-0040961	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

NOVOA, LAZARO  
1940 39TH ST SW  
NAPLES, FL 34117

**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 \_\_\_\_\_ (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	D
NAME	NOVOA, LAZARO
STREET ADDRESS	1940 39TH ST SW
CITY - ST - ZIP	NAPLES, FL 34117
TITLE	D
NAME	GONZALEZ, ROBERTO
STREET ADDRESS	450 GOLDENGATE BLVD W
CITY - ST - ZIP	NAPLES, FL 34120
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000325082  
 04/23/05-80002-009 150.00

**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)(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: *Angela Taylor*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_