

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90307 048 ***150.00

DOCUMENT # P02000071332

1. Entity Name
THE RELIANCE GROUP, INC.



Principal Place of Business
**15546 REDINGTON DR
REDINGTON BEACH, FL 33708**

Mailing Address
**15546 REDINGTON DR
REDINGTON BEACH, FL 33708**

00042003



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
54-2062698

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STANICH, HENRY M
15546 REDINGTON DR
REDINGTON BEACH, FL 33708**

Name

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **STANICH, HENRY M**
STREET ADDRESS **2007 ILLINOIS AVENUE, NORTHEAST**
CITY-ST-ZIP **ST. PETERSBURG, FL 33703**

TITLE ☒ Change ☐ Addition
NAME **15546 REDINGTON DR**
STREET ADDRESS **REDINGTON BEACH, FL 33708**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: *Henry M Stanich*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry M Stanich

Date

Daytime Phone #

4/11/05 727 743 2420