


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000098184 1. Entity Name RELiance MEDIA, INC.	
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Principal Place of Business
2395 APOPKA BLVD.
SUITE 200
APOPKA, FL 32703

Mailing Address
2395 APOPKA BLVD.
SUITE 200
APOPKA, FL 32703



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1649069	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGUFFIN, PATRICK J
289 LAKE DOE BLVD.
APOPKA, FL 32703

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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, 2006 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	MCGUFFIN, PATRICK J
STREET ADDRESS	289 LAKE DOE BLVD
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	D
NAME	MCGUFFIN, SHEILA A
STREET ADDRESS	289 LAKE DOE BLVD.
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000333500
01/25/06-80028-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Shirley M. McGuffin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-06 401-884-7500
Date Daytime Phone #