


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90121 038 ***150.00

DOCUMENT # P02000120912 1. Entity Name RELIABLE PROPERTY INSPECTIONS, INC.			
Principal Place of Business 1204 NE 16TH TERRACE FT LAUDERDALE, FL 33304		Mailing Address 1204 NE 16TH TERRACE FT LAUDERDALE, FL 33304	
2. Principal Place of Business Suite, Apt. #, etc. <u>1204 NE 16 Terr</u>		3. Mailing Address Suite, Apt. #, etc. <u>2900 SW 22 Circle</u> <u># 22A1</u>	
City & State <u>FT. Lauderdale, FL</u>		City & State <u>Delray Beach, FL</u>	
Zip <u>33304</u> Country <u>US</u>		Zip <u>33445</u> Country <u>US</u>	
4. FEI Number <u>36-4512372</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLUSTER, MICHAEL 1204 NE 16TH TERRACE FT LAUDERDALE, FL 33304 <u>CLUSTER, Michael</u> <u>461 NE 33 St.</u> <u>Boca Raton, FL</u> <u>33431</u>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> 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 <u>Michael Cluster</u> DATE <u>4/15/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLUSTER, MICHAEL 1204 NE 16TH TERRACE FT LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President MICHAEL CLUSTER 461 NE 33 Street BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLUSTER, FRANCENE M 1204 NE 16TH TERRACE FT LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCENE CLUSTER 461 NE 33 STREET BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Michael Cluster</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/15/05</u> Daytime Phone # <u>954 562-3940</u>	