

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000135004

FILED
Jan 13, 2004
Secretary of State

Entity Name: RELIANT CLOSING SERVICES INC.

Current Principal Place of Business:

11020 BITTEROOT CIRCLE
CLERMONT, FL 34711

New Principal Place of Business:

PO BOX 121220
CLERMONT, FL 34712

Current Mailing Address:

11020 BITTEROOT CIRCLE
CLERMONT, FL 34711

New Mailing Address:

PO BOX 121220
CLERMONT, FL 34712

FEI Number: 04-3733022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KESSLER, CHARLES A
11020 BITTEROOT CIRCLE
CLERMONT, FL 34711

Name and Address of New Registered Agent:

KESSLER, CHARLES A
PO BOX 121220
CLERMONT, FL 34712

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.

SIGNATURE:

01/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KESSLER, CHARLES A
Address: 11020 BITTEROOT CIRCLE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KESSLER, CHARLES A
Address: PO BOX 121220
City-St-Zip: CLERMONT, FL 34712

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES A. KESSLER

D

01/13/2004

Electronic Signature of Signing Officer or Director

Date