

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000012316

Entity Name: RELIABLE SOLUTIONS, INC.

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

1792 SW COMFORT STREET  
PORT ST. LUCIE, FL 34987

## **New Principal Place of Business:**

## **Current Mailing Address:**

1792 SW COMFORT STREET  
PORT ST. LUCIE, FL 34987

## **New Mailing Address:**

FEI Number: 56-2321002

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

SHATTUCK, RALPH  
1792 SW COMFORT STREET  
PORT ST. LUCIE, FL 34987 US

## **Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: MR.  
Name: SHATTUCK, RALPH  
Address: 1792 SW COMFORT STREET  
City-St-Zip: PORT ST. LUCIE, FL 34987

Title: MRS.  
Name: SHATTUCK, LORI N  
Address: 1792 SW. COMFORT ST.  
City-St-Zip: PORT SAINT LUCIE, FL 34987

I hereby 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 all other like empowered.

SIGNATURE: RALPH SHATTUCK

PRES

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date