

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2008 8:00 am
Secretary of State

08-11-2008 90123 013 ***550.00

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1. Entity Name
RELIANT PRODUCTS, INC.



Principal Place of Business
**400 CAPITAL CIRCLE SE
SUITE 18
TALLAHASSEE, FL 32301**

Mailing Address
**400 CAPITAL CIRCLE SE
SUITE 18, BOX 284
TALLAHASSEE, FL 32301**



07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2016968

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HORTON, J. WILEY ESQ
215 S MONROE STREET
2ND FLOOR
TALLAHASSEE, FL 32301**

**DO NOT WRITE
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 renewing)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GABOURY, CYNTHIA DR.
STREET ADDRESS	2014 CHURCH LANE CIRCLE
CITY - ST - ZIP	TALLAHASSEE, FL 32309
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:

Cynthia Gaboury
Cynthia Gaboury

8/5/08

850-878-1171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #