


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P03000083338 1. Entity Name RELiance TRANSPORT, INC. |  |
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| Principal Place of Business 4518 PAGEANT WAY ORLANDO, FL 32808 | Mailing Address 4518 PAGEANT WAY ORLANDO, FL 32808 |
|--|--|

DO NOT WRITE IN THIS SPACE



03262007 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 30-0191616 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent RAWLINGS, PATRICIA E 4518 PAGEANT WAY ORLANDO, FL 32808 |
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**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

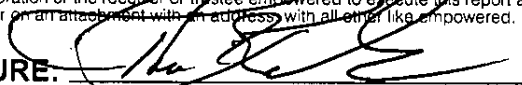
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000630048 04/11/07-80059-009 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RAWLINGS, THOMAS E 4518 PAGEANT WAY ORLANDO, FL 32808 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPST RAWLINGS, PATRICIA E 4518 PAGEANT WAY ORLANDO, FL 32808 |
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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. 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS E. RAWLINGS, PRESIDENT

4-1-07 (407) 296-0514
Date Daytime Phone #