


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90041 044 \*\*\*150.00

<b>DOCUMENT # P03000083956</b>	
1. Entity Name <b>ACCUSPEC RELIANCE INC.</b>	

Principal Place of Business <b>10926 WEYMOUTH CIRCLE NORTH JACKSONVILLE, FL 32246</b>	Mailing Address <b>10926 WEYMOUTH CIRCLE NORTH JACKSONVILLE, FL 32246</b>
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**54021057**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02192004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>BUSINESS FILINGS INCORPORATED 660 EAST JEFFERSON ST. TALLAHASSEE, FL 32301</b>	
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7. Name and Address of New Registered Agent	
Name <b>Mary Ann Carlson</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2955 Hartley Rd, Ste. 204</b>	
City <b>Jacksonville</b>	FL Zip Code <b>32257</b>

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 <i>Mary Ann Carlson</i> <small>Signature, typed or printed name of registered agent and client applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <b>3-10-04</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HERTZER, JOSEPH 10926 WEYMOUTH CIRCLE N. JACKSONVILLE, FL 32246</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, S, T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Victoria G. Hertzner 10926 Weymouth Circle N Jacksonville, FL 32246</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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
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

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: <i>J.R. Hertzner</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>J. R. HERTZER</b> <b>3/11/04</b> <b>904-254-6711</b> <small>Date Daytime Phone #</small>