

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-22-2005 90021 015 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P03000083956
1. Entity Name
ACCUSPEC RELIANCE INC.



Principal Place of Business
10926 WEYMOUTH CIRCLE NORTH
JACKSONVILLE, FL 32246

Mailing Address
10926 WEYMOUTH CIRCLE NORTH
JACKSONVILLE, FL 32246

DO NOT WRITE IN THIS SPACE



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0141555

Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent
CARLSON, MARY ANN
2955 HARTLEY RD
STE 204
JACKSONVILLE, FL 32257

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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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HERTZER, JOSEPH 10926 WEYMOUTH CIRCLE N. JACKSONVILLE, FL 32248
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERTZER, VICTORIA G 10926 WEYMOUTH CIRCLE N JACKSONVILLE, FL 32246
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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: J.R. HERTZER J. R. HERTZER 01/02/05 904-254-6711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #