


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2006 08:00 AM
Secretary of State

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
--	--



03012006 No Chg-P CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0141555	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing <input checked="" type="checkbox"/> NO \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST HERTZER, JOSEPH 10926 WEYMOUTH CIRCLE N. JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HERTZER, VICTORIA G 10926 WEYMOUTH CIRCLE N JACKSONVILLE, FL 32246
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	

1100000467257 03/23/06-80040-015 150.00
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: JOSEPH R. HERTZER DST 3/12/06 904-254-624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #