

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000067507

FILED
May 04, 2005
Secretary of State

Entity Name: PROACTIVE RELIABILITY SERVICES INC.

Current Principal Place of Business:

6651 AVENUE C
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

6651 AVENUE C
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 20-1045055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORBES, MICHAEL A
6651 AVENUE C
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FORBES, MICHAEL A
Address: 6651 AVENUE C
City-St-Zip: SARASOTA, FL 34231

Title: VP () Delete
Name: UPCHURCH, J. STEPHAN
Address: 221 FOUNTAIN COURT
City-St-Zip: ROCKFIELD, KY 42274

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A FORBES

P

05/04/2005

Electronic Signature of Signing Officer or Director

_____ Date