

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90006 016 \*\*\*150.00

**DOCUMENT # P04000067507**

1. Entity Name  
**PROACTIVE RELIABILITY SERVICES INC.**



Principal Place of Business      Mailing Address  
**6206 CLARK CENTER AVE**      **6206 CLARK CENTER AVE**  
**SARASOTA, FL 34238**      **SARASOTA, FL 34238**

**66015322**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**4440 LAKE FOREST DR**      **4440 LAKE FOREST DR**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**118**      **118**  
 City & State      City & State  
**CINCINNATI OH**      **CINCINNATI OH**  
 Zip      Zip      Country      Country  
**45242**      **45242**      **USA**      **USA**

04122008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**20-1045055**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**FORBES, MICHAEL A**  
**6651 AVENUE C**  
**SARASOTA, FL 34231**

7. Name and Address of New Registered Agent  
 Name **HAROLD ZIEGER**  
 Street Address (P.O. Box Number is Not Applicable) **6206 CLARK CENTER AVE**  
 City **SARASOTA**      State **FL**      Zip **34236**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**      9. Election Campaign Financing      **\$5.00** May Be  
**After May 1, 2008 Fee will be \$550.00**      Trust Fund Contribution.            Added to Fees

| 10. OFFICERS AND DIRECTORS |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|--|---|---|
| TITLE<br>P                 | FORBES, MICHAEL A<br>6651 AVENUE C<br>SARASOTA, FL 34231             | <input checked="" type="checkbox"/> Delete            |   |
| TITLE<br>VP                | UPCHURCH, J. STEPHAN<br>221 FOUNTAIN COURT<br>ROCKFIELD, KY 42274    | <input checked="" type="checkbox"/> Delete            |   |
| TITLE<br>P                 | HAROLD ZIEGER<br>4440 LAKE FOREST DR STE 118<br>CINCINNATI, OH 45242 | <input checked="" type="checkbox"/> Change            | <input type="checkbox"/> Addition                                 |
| TITLE<br>VP                | MICHAEL FORBES<br>6651 AVENUE C<br>SARASOTA, FL 34231                | <input checked="" type="checkbox"/> Change            | <input type="checkbox"/> Addition                                 |
| TITLE<br>P                 |  | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>P                 |  | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>P                 |  | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>P                 |  | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without power.

SIGNATURE: Harold Zieger      **Harold Zieger**      04/18/08 (573) 386-9857  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Date Printed