

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000171792

1. Entity Name
RELIABLE TRUCKING SERVICE, INC.



**FILED
May 08, 2006 8:00 am
Secretary of State**

05-08-2006 90304 029 ***150.00

Principal Place of Business
37741 PALM AVE
DADE CITY, FL 33525

Mailing Address
5450 CR581 #335
WESLEY CHAPEL, FL 33543

2. Principal Place of Business

3. Mailing Address

P.O. BOX 116

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
DADE CITY FL

Zip

Zip
33526

Country
USA

03272006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2089061

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWLON, JOSEPH A
12146 CURLEY STREET
SAN ANTONIO, FL 33576

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME TIPTON, RAYMOND
STREET ADDRESS 37741 PALM AVE
CITY-ST-ZIP DADE CITY, FL 33525

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME TIPTON, RALPH
STREET ADDRESS 37741 PALM AVE
CITY-ST-ZIP DADE CITY, FL 33525

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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Change Addition

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Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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 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: *Ralph E Tipton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 04/27/06
Date

X 352-567-6188
Daytime Phone #