2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mailing Address

RELIABLE RESIDENTIAL CONTRACTING, INC.

Principal Place of Business



Jan 17, 2006 8:00 am Secretary of State **DOCUMENT # P05000066616**

01-17-2006 90252 001 ***150.00

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	GLENWOOD DRIVE 9589 GLENWOOD DRIVE ST. MARY, FL 32040 US GLEN ST. MARY, FL 32040 US						60002350						
2. Principal Place of Business 3. Mailing Address													
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			01132006	С	hg-P	,	CR2E03	34 (11/05)
City & State			City & State				4. FEI Numb	38	1899	15,	260		Applied For lot Applicable
Zip		Country	Zip	itry		5. Certificate				п	8.75 Ac		
6. Name and Address of Current Registered Agent						7. Name and	i Addre	ss of Ne	w Regi	stered A	gent		
					Name								
STEVENS, MARK D 9589 GLENWOOD DRIVE GLEN ST. MARY, FL 32040				Street Address (P.O. Box Number is Not Acceptable)									
					City						2*1	Zip Co	de
											FL	. L .	
	named entiti ions of regist		or the purpose of changing its	register	ed office or	registere	ed agent, or bo	oth, in th	e State of	i Florida	a. lam fa	amiliar with	n, and accept
nie oonge	iona on regiai	tareo agent.											
SIGNATURE.					 								
	Signature, typed	or primed name of registered agent	and toe # appacable. (NO)	E: Hegesere	KI AQBIR SIQNIDI	te tedritied (when reinstating)				DATE		
FIL. After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 6 Fee will be \$550.	9. Election Campa Trust Fund Conf		ncing		00 May Be ed to Fees						
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS	/CHAN	GES TO C	OFFICE	RS AND	DIRECTO	RS IN 11
TITLE	P	•	☐ Delete	πu	E							☐ Change	☐ Addition
NAME	STEVENS	S, MARK D		NAM	E							_ •	_
STREET ADDRESS	9589 GLENWOOD DRIVE		STRE	EET ADDRESS									
CITY-ST-ZIP	GLEN ST.	. MARY, FL 32040		CITY	-ST-ZIP								
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STREET ADDRESS				STRE	ET ADDRESS								
CHY-ST-ZIP				CITY	-ST-ZIP								
12. I hereby o	ertify that the	e information supplied with	n this filing does not qualify to	or the exi	emotions or	ontained	in Chapter 119	9 Floric	la Statute	s thir	her certi	fy that the	information

Indicated on this report or supplied with this fairly does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Further certify that he minimized indicated on this report or suppliemental 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.

Mark D. Stevens SIGNATURE: Illack