

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P06000013283**

1. Entity Name  
**RELIANT TRANSPORT SERVICES, INC.**



Principal Place of Business  
**2519 MCMULLEN BOOTH RD  
STE. 510-283  
CLEARWATER, FL 33761**

Mailing Address  
**2519 MCMULLEN BOOTH RD  
STE. 510-283  
CLEARWATER, FL 33761**



03252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4103571**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SCHELL, ANDREA M  
608 JESSICA PLACE  
BASTROP, FL 78602**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000895002  
04/24/08-80050-018 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SCHELL, ANDREA M
STREET ADDRESS	608 JESSICA PLACE
CITY-ST-ZIP	BASTROP, TX 78602
TITLE	O
NAME	BORDONARO, DANIELLE
STREET ADDRESS	219 JENNIFER LANE
CITY-ST-ZIP	BASTROPE, TX 78602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

De

Daytime Phone

*Andrea Schell* **Andrea Schell** 4/4/08 7274397706