

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000017440
1. Entity Name
RELIABLE INDEPENDENT SUPPORT SERVICES INC.



FILED

07 APR -2 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
~~P.O. BOX 1304~~
~~MONTICELLO, FL 32345~~

Mailing Address
P.O. BOX 1304
MONTICELLO, FL 32345

2. Principal Place of Business - No P.O. Box #
390 MAPLE ST

3. Mailing Address
P.O. Box 1304

Suite, Apt. #, etc.

City & State
Monticello, Florida

City & State
Monticello Florida

Zip
32344

Country
Jefferson

03282007 Chg-P CR2E034 (12/06)

4. FEI Number
68-0621569

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
GALLON, HANNAH R
390 MAPLE ST
MONTICELLO, FL 32344

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GALLON, HANNAH R	
STREET ADDRESS	P.O. BOX 1304	
CITY-ST-ZIP	MONTICELLO, FL 32345	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500096377655	
STREET ADDRESS	04/11/07-01009-001 **150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Hannah Ransom Gallon **4/2/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #