

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



03282007 Chg-P CR2E034 (12/06)

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

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1304

Suite, Apt. #, etc.

City & State

Monticello, Florida

City & State

Monticello Florida

4. FEI Number

68-0621569

Applied For

Not Applicable

Zip

Country

32344 Jefferson

Zip

Country

32345 Jefferson

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

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

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GALLON, HANNAH R
P.O. BOX 1304
MONTICELLO, FL 32345 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500096377655
04/11/07--01003--001 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #