

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90102 033 ***150.00

DOCUMENT # P92000001588

1. Entity Name

RELIANCE MANAGEMENT SERVICES, INC.



Principal Place of Business

12633 CHALLENGER WAY
STE 270
ORLANDO FL 32826
US

Mailing Address

12633 CHALLENGER WAY
STE 270
ORLANDO FL 32826
US

50028568



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

501 N. Magnolia Avenue

Suite, Apt. #, etc. 100

City & State Orlando, FL

Zip 32801

Country US

3. Mailing Address

1665 Palm Beach Lakes Blvd.

Suite, Apt. #, etc. 400

City & State West Palm Beach, FL

Zip 33401

Country US

4. FEI Number

59-3133915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JENKINS, JAMES C
340 ROYAL POINCIANA WAY,
305
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

Jill M. Leger

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

1665 Palm Beach Lakes Blvd., Ste 400

City

West Palm Beach

FL

Zip Code

33401

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

Jill M. Leger

2/18/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution. ☐

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVPT	<input checked="" type="checkbox"/> Delete
NAME	HORWITZ, SHAWN	
STREET ADDRESS	340 ROYAL POINCIANA WAY # 305	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	DVPS	<input checked="" type="checkbox"/> Delete
NAME	JENKINS, JAMES C	
STREET ADDRESS	340 ROYAL POINCIANA WAY # 305	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VERMALES, PEDRO	
STREET ADDRESS	12633 CHALLENGER PWKY, STE 270	
CITY-ST-ZIP	ORLANDO FL 32826	
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

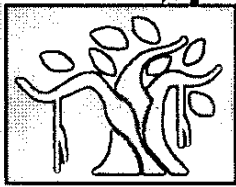
TITLE	Pres/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Louis E. Vogt	
STREET ADDRESS	501 N. Magnolia Ave., #100	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	SVP/COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott Zimmerman	
STREET ADDRESS	501 N. Magnolia Ave., #100	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	CFO/SVP/Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathleen Alex	
STREET ADDRESS	1665 Palm Beach Lakes Blvd., #400	
CITY-ST-ZIP	West Palm Beach, FL 33401	
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 exemption stated in Section 119.07(3)(i), 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:

Louis E. Vogt

Louis E. Vogt, Pres. 2/18/05 407-898-7808



BANYAN
REALTY
MANAGEMENT, INC.

ATTACHMENT 50028568
P20000001588

Via DHL 2- Day

March 16, 2005

Florida Department of State
Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399
Phone #850-245-6056

RE: RELIANCE MANAGEMENT SERVICES, INC.
#P92000001588

To Whom It May Concern:

Enclosed please find the 2005 Annual Report and check #7309 in the amount of \$150 reflecting the filing fees. Please process accordingly. Thank you.

Your courtesy and assistance concerning this matter is appreciated and should you have any questions please call me at 561-868-7088 x107 or Email:
jlager@banyanrealty.com

Sincerely,

Jill M. Lager
Risk Management Coordinator

Enclosure

cc: Louis E. Vogt (via facsimile)
David Skrocki (via facsimile 407-926-1730)