

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000055243

1. Entity Name
RELIABLE REPORTING, INC.



Principal Place of Business
500 S FLA AVE
600
LAKELAND, FL 33801 US
Mailing Address
500 S FLA AVE
600
LAKELAND, FL 33801 US

2. Principal Place of Business
1102 S. Florida Ave.

Suite, Apt. #, etc.

3. Mailing Address
1102 S. Florida Ave.

Suite, Apt. #, etc.

City & State
Lakeland, FL

City & State
Lakeland, FL

Zip 33803 Country US

Zip 33803 Country US

6. Name and Address of Current Registered Agent

STRAND, KIMBERLY L
5926 N. FORK COURT
LAKELAND, FL 33809

Name

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

City

50024736

01212005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3257345

Applied For
Not Applicable

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

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAND, KIMBERLY L		NAME
STREET ADDRESS	5926 N FORK COURT		STREET ADDRESS
CITY-ST-ZIP	LAKELAND, FL		CITY-ST-ZIP
TITLE	SD	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENFROE, LESLIE W		NAME
STREET ADDRESS	919 SPICEWOOD DR		STREET ADDRESS
CITY-ST-ZIP	LAKELAND, FL		CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
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NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Strand Kimberly L. STRAND 2/16/05 863 683-8787

Date

Daytime Phone #