

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90164 023 ***150.00

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

50024736



2. Principal Place of Business

1102 S. Florida Ave.

3. Mailing Address

1102 S. Florida Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212005

Chg-P

CR2E034 (10/03)

City & State

Lakeland, FL

City & State

Lakeland, FL

4. FEI Number

59-3257345

Applied For

Not Applicable

Zip **33803**

Country **US**

Zip **33803**

Country **US**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 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 ☐ Delete
NAME STRAND, KIMBERLY L
STREET ADDRESS 5926 N FORK COURT
CITY-ST-ZIP LAKELAND, FL

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

TITLE SD ☐ Delete
NAME RENFROE, LESLIE W
STREET ADDRESS 919 SPICEWOOD DR
CITY-ST-ZIP LAKELAND, FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Kimberly L. Strand
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/5 863 683-8737