2004 FOR PROFIT CORPORATION

ANNUAL REPORT							
DOCUMENT # P95000023260 1. Entity Name RELIABLE CLUB SYSTEMS, INC.					F	ILED	
					04 00	[-4 PN 3: 2:	2
Principal Place of Business 2415 N. MONROE ST. 810 TALLAHASSEE, FL 32303 US		Mailing Address 2415 N. MONROE ST. 810 TALLAHASSEE, FL 32303 US			• •	ARY OF STATE ASSLE, FLOND	•
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09282004	_	CR2E034 (10/03)	
City & State		City & State		4. FEI Num			pplied For
Zip Country		Zip	Zip Country		08807 te of Status Desired	□ \$8.75 Ad	ot Applicable ditional
6. Name and Address of Current I		Registered Agent		7. Name a	nd Address of New F	Fee Require	HO :
BOWMAN, RICHARD C				Pichard	C. Por	nman	
	AL CREEK DR.		Street A	detess (P.O. ox Num	pher is Not Acceptable	200	
TALLAHAS	SSEE, FJ 32303			-11 00	21 (1)	<u> </u>	
	/) /)		City 1	10.10.0	<u> </u>	FL Zip & G	17 27
8. The above named entry submits this statement for the purpose of changing its registered office or regist				TOVOY (C	ooth in the State of El		ADD S
	ions of edistered agent.	Contine purpose of changing its re	gistered office of	registered agent, or i		l a C l l	, and accept
SIGNATURE 9 128 D4							
	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: R	legistered Agent signatu	ure required when reinstating)		DATE	
	.E NOW!!! FEE IS \$150.00 ue by September 8, 2004	1	9. Election Campaign Financing \$5. Trust Fund Contribution.		In accordance corporation did	with s. 607.193(2)(b), not receive the prior	F.S., the notice.
10.	OFFICERS AND	DIRECTORS	11.		S/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	P BOWMAN, RICHARD C 9024 SHOAL CREEK DR. TALLAHASSEE, FL 32303	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4	Richard C land Rd		Addition
TITLE	V	☐ Delete	TITLE	V	FL 32333	SChange	Addition
NAME	ROSETTI, ROBERT A 5153 GRANDVIEW COURT		NAME STREET ADDRESS	RUSCHI, RU 7502 Res	berta Luae Rd	_ ,	_
STREET ADDRESS CITY-ST-ZIP	TALLAHASSEE, FL 32315		CITY-ST-ZIP	Tallahas	•	32312	
TITLE		Delete 7	TITLE			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	107	000415 4/0401027	564315 -021**i50.	00
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
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TITLE NAME		Delete	TITLE NAME			☐ Change	Addition
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CITY-ST-ZIP		•	CITY-ST-ZIP				
TITLE NAME	^	☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS	/ \	\wedge	STREET ADDRESS				
CITY-ST-ZIP		/	CITY-ST-ZIP	L			
indicated of the cor	certify that the information supplied wit on this report or supplemental report poration or the reserver or trustee emp or on an attach per with an address	s true and accurate and that my owered to execute this report as	ne exemption state signature shall he required by Cha	ted in Section 119.07(ave the same legal ef apter 607, Florida Stati	3)(i), Florida Statutes. fect as if made under utes; and that my nam	I further certify that the it oath; that I am an office ne appears in Block 10 c	nformation r or director or Block 11 if
_	/K : 1 /	man an other like empowered.			MORIO	U 850	J. 108
SIGNAT	URE:	WWY/	DIRECTOR		714010	<u>ا ساط ا</u>	2000