


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000100617 1. Entity Name RELIABLE PROPERTY MANAGEMENT CO.	
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Principal Place of Business 407 PALMETTO RD BELLEAIR, FL 33756 US	Mailing Address P O BOX 1516 LARGO, FL 33779 US
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DO NOT WRITE IN THIS SPACE



04242006 No Chg-P CRZE034 (11/05)

4. FEI Number 59-3416208	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ARNOLD, WAYNE R
407 PALMETTO RD
BELLEAIR, FL 33756**

**DO NOT WRITE
IN THIS SPACE**

7. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARNOLD, WAYNE R 407 PALMETTO RD BELLEAIR, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNOLD, SUSAN A 407 PALMETTO RD BELLEAIR, FL 33756
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05/08/06-BU0090-003 150.00

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 authority like empowered.

SIGNATURE:  **4-20-06** **727-585-7079**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #