

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000102080

1. Entity Name  
RELIABLE AUTO & MARINE INC



**FILED**

**Mar 19, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business  
611 COMMERCE WAY  
BAY A  
JUPITER, FL 33458 US

Mailing Address  
611 COMMERCE WAY  
BAY A  
JUPITER, FL 33458 US

**DO NOT WRITE IN THIS SPACE**



03022007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0884060	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

DELAURA, FREDERICK D  
8121 SE SHILOH TERRACE  
HOBE SOUND, FL 33455

**DO NOT WRITE  
IN THIS SPACE**

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

✓ 3/14/07

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

000000671040  
03/28/07-80011-024 150.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME DELAURA, FREDERICK  
STREET ADDRESS 8121 SE SHILOH TERRACE  
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE VP  
NAME DELAURA, BARBARA A  
STREET ADDRESS 8121 SE SHILOH  
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 3/14/07  
Date Daytime Phone #