2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V64425

1. Entity Name
RELIABLE CRAFTSMEN, INC.

Principal Place of Business	Mailing Address
14220 66TH ST., NORTH 361 CLEARWATER, FL 34624 US	POST OFFICE BOX 4156 SEMINOLE, FL 34642

DO NOT WRITE IN THIS SPACE

04292004   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3142953	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GERMINO, MICHAEL
921 E KLOSTERMAN ROAD
TARPON SPRINGS, FL 34689

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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, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PSD
NAME	JOHANNESEN, GLENN
STREET ADDRESS	1975 W BAY, UNIT 304
CITY ST ZIP	LARGO, FL 33770
TITLE	VTD
NAME	GERMINO, JAMES
STREET ADDRESS	10010 61ST WAY NO.
CITY ST ZIP	PINELLAS PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: _____ VP.   4-28-04   727 3939871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #