

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

900000-



01232008 No Chg-NP CR2E037 (4/06)

4. FEI Number	Applied For
59-2269386	Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

DEPENDABLE PROPERTY MANAGEMENT, LLC  
1300 PINETREE DRIVE  
SUITE 9  
INDIAN HARBOUR BEACH, FL 32937

**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 \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS:

TITLE	T
NAME	MCCARTY MCCARTHY, MARY
STREET ADDRESS	1455 A1A, #512
CITY-ST-ZIP	SATELLITE BEACH, FL 32937

TITLE	D
NAME	HOWE, JOHN
STREET ADDRESS	5583 JESSAMINE LANE
CITY-ST-ZIP	ORLANDO, FL 32839

TITLE	S
NAME	DIXON, MARIE
STREET ADDRESS	1465 A1A, #210
CITY-ST-ZIP	SATELLITE BEACH, FL 32937

TITLE	P
NAME	SHAFFER, WESLEY
STREET ADDRESS	1455 A1A, #309
CITY - ST - ZIP	SATELLITE BEACH, FL 32937

TITLE	VP
NAME	MAZAR, KEITH
STREET ADDRESS	1455 A1A, #311
CITY-ST-ZIP	SATELLITE BEACH, FL 32937

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 617, 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

Wesley Shaffer

Date \_\_\_\_\_

Daytime Phone #

1-31-08 321-773-9451