

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M18773

FILED
Mar 04, 2004
Secretary of State

Entity Name: DEPENDABLE SKY CAP SERVICE, INC.

Current Principal Place of Business:

301 BROADWAY, SUITE 224
RIVIERA BEACH, FL 33404

New Principal Place of Business:

391 W 23RD STREET
RIVIERA BEACH, FL 33404

Current Mailing Address:

P.O. BOX 078645
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 59-2637822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTNER, NARDA E
2240 PALM BEACH LAKES BLVD
STE 100
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

BUTNER, NARDA E
420 CLEMATIS STREET
2ND FLOOR
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE:

03/04/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: HARRIS, JAMES L.,
Address: 1646 W. 10TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: ST () Delete
Name: FRANKS, MICHAEL J
Address: 391 W. 23RD STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: M () Delete
Name: TAYLOR, WILLIAM F
Address: 470 EXECUTIVE CTR. DR., #3E
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J FRANKS

ST

03/04/2004

Electronic Signature of Signing Officer or Director

Date