

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M77037

FILED  
Jan 09, 2010  
Secretary of State

**Entity Name:** DEPENDABLE INVENTORY SERVICE INC.

**Current Principal Place of Business:**

144 SE APACHE WAY  
144 SE APACHE WAY  
LAKE CITY, FL 32025 US

**New Principal Place of Business:**

144 SE APACHE WAY  
LAKE CITY, FL 32025 US

**Current Mailing Address:**

P.O. BOX 1825  
LAKE CITY, FL 320561825 US

**New Mailing Address:**

**FEI Number:** 59-2880630

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BEIL DAVID E., SR./SECRETARY  
144 SE APACHE WAY  
LAKE CITY, FL 320561825 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BEIL, BRANDON M.  
Address: 144 SE APACHE WAY  
City-St-Zip: LAKE CITY, FL 32025 US

Title: VP T  
Name: BEIL, JR, DAVID E  
Address: 144 SE APACHE WAY  
City-St-Zip: LAKE CITY, FL 32025 US

Title: S  
Name: BEIL, SR., DAVID E  
Address: 144 SE APACHE WAY  
City-St-Zip: LAKE CITY, FL 32025 US

I hereby 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 all other like empowered.

SIGNATURE: DAVID E. BEIL SR

S

01/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date