

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000001621

Entity Name: DEPENDABLE SUB, INC.

FILED  
Apr 30, 2004  
Secretary of State

## Current Principal Place of Business:

900 E KICKLIGHTER  
LAKE HELEN, FL 32744

## New Principal Place of Business:

1604 CLEKK CR  
GENEVA, FL 32732

## Current Mailing Address:

C/O BRADBEER & BAILES  
1307 E. NORMANDY BLVD SUITE 1  
DELTONA, FL 32725

## New Mailing Address:

FEI Number: 22-3704194      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONDON, PATRICK M  
1604 CLEKK CIR  
GENEVA, FL 32732      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: P ( ) Delete  
Name: CONDON, PATRICK M  
Address: 1604 CLEKK CIR  
City-St-Zip: GENEVA, FL 32732

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition  
Name: ROSSETTI, RICHARD P  
Address: 9435 E. MOCCASIN SLOUGH RD.  
City-St-Zip: INVERNESS, FL 34450

Title: SEC ( ) Change (X) Addition  
Name: TOMLIN, ALVIN A  
Address: P.O. BOX 1784  
City-St-Zip: DELEON SPRINGS, FL 32130

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: PATRICK M. CONDON

PRES

04/30/2004

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

\_\_\_\_\_  
Date