

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000021875

FILED
Apr 22, 2009
Secretary of State

Entity Name: DEPENDABLE SHUTTER SERVICE, INC.

Current Principal Place of Business:

4741 SW 45TH ST
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

4741 SW 45TH ST
DAVIE, FL 33314

New Mailing Address:

FEI Number: 65-1080383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, WAYNE C
4741 SW 45TH ST
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

THOMPSON, WAYNE C OFFICER
4741 SW 45TH ST
DAVIE, FL 33314 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: WAYNE C. THOMPSON

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMPSON, WAYNE C
Address: 4741 SW 45TH ST
City-St-Zip: DAVIE, FL 33314

Title: D () Delete
Name: WATERS, MICHAEL
Address: 1710 NW 78 WAY
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D (X) Delete
Name: GOLDSTEIN, CHAD
Address: 4741 SW 45TH ST
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: THOMPSON, WAYNE C OFFICER
Address: 4741 SW 45TH ST
City-St-Zip: DAVIE, FL 33314

Title: D (X) Change () Addition
Name: WATERS, MICHAEL OFFICER
Address: 1710 NW 78 WAY
City-St-Zip: PEMBROKE PINES, FL 33024

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WAYNE C. THOMPSON

OFFI

04/22/2009

Electronic Signature of Signing Officer or Director

Date