

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90190 038 \*\*\*150.00

**DOCUMENT # P03000000637**

1. Entity Name  
**DEPENDABLE APPLIANCE SERVICE, INC.**



Principal Place of Business  
**16900 NORTHWEST 195TH STREET  
WILLISTON, FL 32696**

Mailing Address  
**16900 NORTHWEST 195TH STREET  
WILLISTON, FL 32696**

**DO NOT WRITE IN THIS SPACE**

01092007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**42-1564616**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DAVIS, CLYDE D  
16900 NORTHWEST 195TH STREET  
WILLISTON, FL 32696**

**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  Clyde D. Davis, President 03-31-07  
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

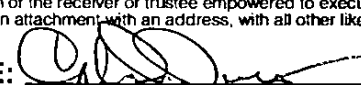
9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DAVIS, CLYDE D
STREET ADDRESS	16900 NW 195 STREET
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	S
NAME	DAVIS, PATTI T
STREET ADDRESS	16900 NW 195 STREET
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	Director
NAME	Davis, Jared K.
STREET ADDRESS	16900 NW 195 St.
CITY-ST-ZIP	Williston, FL 32696
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 607, 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:**  Clyde D. Davis 03-31-07 352-373-4357  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #