

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000000637

FILED  
Jun 22, 2009  
Secretary of State

Entity Name: DEPENDABLE APPLIANCE SERVICE, INC.

**Current Principal Place of Business:**

16900 NORTHWEST 195TH STREET  
WILLISTON, FL 32696

**New Principal Place of Business:**

**Current Mailing Address:**

16900 NORTHWEST 195TH STREET  
WILLISTON, FL 32696

**New Mailing Address:**

FEI Number: 42-1564616

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DAVIS, CLYDE D  
Address: 16900 NW 195 STREET  
City-St-Zip: WILLISTON, FL 32696

Title: S ( ) Delete  
Name: DAVIS, PATTI T  
Address: 16900 NW 195 STREET  
City-St-Zip: WILLISTON, FL 32696

Title: D ( ) Delete  
Name: DAVIS, JARED K  
Address: 16900 NW 195TH ST  
City-St-Zip: WILLISTON, FL 32696

**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 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: CLYDE D. DAVIS

P

06/22/2009

Electronic Signature of Signing Officer or Director

Date