DID NOT RECEIVE REPORT

2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/3/2

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-03-2004 90005 022 ***150.00

DOCUMENT # P03000117541

1. Entity Name
DEPENDABLE HOUSE CHECKERS, INC.

Principal Place of Business	Mailing Address
11325 SEAGRASS CIRCLE SARASOTA, FL 33498	11325 SEAGRASS CIRCLE SARASOTA, FL 33498

66432186

07222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
11325 Seagrass Cir	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, Florida	City & State
Zip: 33498 Country: Palm Beach	Zip Country

4. FEI Number 20-0327663 ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, KAREN
11325 SEAGRASS CIRCLE
SARASOTA, FL 33498

7. Name and Address of New Registered Agent

Name: Wilson Karen
Street Address (P.O. Box Number is Not Acceptable): 11325 Seagrass Circle
City: Boca Raton FL Zip Code: 33498

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: Karen Wilson (KAREN WILSON) 7/31/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, KAREN 11325 SEAGRASS CIRCLE SARASOTA, FL 33498 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wilson Karen 11325 Seagrass Circle Boca Raton, FL 33498 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Karen Wilson (KAREN WILSON) 7/31/04 561-883-6711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #