2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 18, 2005 8:00 am Secretary of State **DOCUMENT # P04000148504** 04-18-2005 90300 020 ***150.00 1. Entity Name DEPENDABLE MOVERS, INC. Principal Place of Business Mailing Address 1704 NORTH P STREET 1704 NORTH P STREET PENSACOLA, FL 32505 PENSACOLA, FL 32505 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04052005 City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Country Zip \$8.75 Additional Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME BLANKENSHIP, MICHAEL L MAME 1704 NORTH P STREET STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32505 CITY-ST-ZIP CITY-ST-ZIP vsn TITLE ☐ Delete TITLE Change ☐ Addition BLANKENSHIP, ERSKIN D NAME NAME STREET ADDRESS 1704 NORTH P STREET STREET ADDRESS PENSACOLA, FL 32505 CITY-ST-7P CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP --- Delete ☐ Addition DILE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZiP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. Thereby certify that the information supplied with this filling 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 export 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 imported.

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15/05 (850) 437 4630

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