

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000151272

1. Entity Name
DEPENDABLE WELL & PUMP SERVICE INC.



Principal Place of Business
**11454 CISCO GARDENS ROAD SOUTH
JACKSONVILLE, FL 32219**

Mailing Address
**11454 CISCO GARDENS ROAD SOUTH
JACKSONVILLE, FL 32219**



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FET Number
20-1842068

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIS, JAMES M
11454 CISCO GARDENS ROAD SOUTH
JACKSONVILLE, FL 32219**

**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

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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, JAMES M**
STREET ADDRESS **11454 CISCO GARDENS ROAD SOUTH**
CITY-ST-ZIP **JACKSONVILLE, FL 32219**

TITLE **SEC**
NAME **SMITH, JATANA**
STREET ADDRESS **11454 CISCO GARDENS ROAD SOUTH**
CITY-ST-ZIP **JACKSONVILLE, FL 32219**

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05/05/06-80096-002 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06
Date

Daytime Phone #