

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2008 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



03112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1842068	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAVIS, JAMES M 11454 CISCO GARDENS ROAD SOUTH JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC SMITH, JATANA 11454 CISCO GARDENS ROAD SOUTH JACKSONVILLE, FL 32219
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U00000939369  
05/28/08-80049-003 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08  
Date

838-3699  
Daytime Phone #