

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000017891
 1. Entity Name
DEPENDABLE SHOPPING SERVICE, INC.



Principal Place of Business 635 BUTLER STREET WINDERMERE, FL 34786	Mailing Address P.O. BOX 960 WINDERMERE, FL 34786
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DO NOT WRITE IN THIS SPACE



02202008 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	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
BRUCKNER, MITCH CPA
4992 NORTH PINE ISLAND ROAD
LAUDERHILL, FL 33351

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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

U000000871802
 04/10/08-80006-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHBISH, ROBERT 635 BUTLER STREET WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHBISH, CHERI 635 BUTLER STREET WINDERMERE, FL 34786
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 empowerings.

SIGNATURE: Cheri Washbush **3/20/08** **(407) 876-2651**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #