

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000046396**

1. Entity Name  
**DEPENDABLE BUILDERS, INC.**



Principal Place of Business  
**720 PALM SPRINGS CIRCLE  
INDIAN HARBOR BEACH, FL 32937**

Mailing Address  
**720 PALM SPRINGS CIRCLE  
INDIAN HARBOR BEACH, FL 32937**



01262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3385729**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FORD, NORMAN F  
720 PALM SPRINGS CIRCLE  
INDIAN HARBOR BEACH, FL 32937**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	FORD, NORMAN F
STREET ADDRESS	720 PALM SPRINGS CIRCLE
CITY-STATE-ZIP	INDIAN HARBOR BEACH, FL 32937
TITLE	V
NAME	SOUSA, THOMAS E.
STREET ADDRESS	109 BEL AIRE DR
CITY-STATE-ZIP	INDIAN HARBOUR BCH, FL
TITLE	ST
NAME	FORD, JOYCE
STREET ADDRESS	720 PALM SPRINGS CR
CITY-STATE-ZIP	INDIAN HARBOUR BCH, FL
TITLE	D
NAME	FORD, DAVID F
STREET ADDRESS	720 PALM SPRINGS CIRCLE
CITY-STATE-ZIP	INDIAN HARBOUR BEACH, FL 32937
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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03/29/04-80030-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Norman F. Ford NORMAN F FORD 3-24-04 321-779-2590  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #