

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P97000020388

1. Entity Name

DEALERS DEPENDABLE SERVICE CO.



**FILED**

**Mar 19, 2005 08:00 AM**  
**Secretary of State**



1st MOORE CR2E034 (10/04)

Principal Place of Business  
7082 VIA GENOVA  
DELRAY BEACH FL 33446  
US

Mailing Address  
7082 VIA GENOVA  
DELRAY BEACH FL 33446  
US

2. Principal Place of Business  
3. Mailing Address

Suite, Apt. #, etc.  
Suite, Apt. #, etc

City & State  
City & State

4. FEI Number  
65-0733800  
Applied For  
Not Applicable

Zip  
Country  
Zip  
Country

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

6. Name and Address of Current Registered Agent

FOREMAN, BARRY D  
7082 VIA GENOVA  
DELRAY BEACH FL 33446

7. Name and Address of New Registered Agent

Name  
Street Address (P O. Box Number is Not Acceptable)  
City  
FL Zip Code

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's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FOREMAN, BARRY D 7082 VIA GENOVA DELRAY BEACH FL 33446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP U000000269495 03/19/05-80012-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FOREMAN, MITZI 7082 VIA GENOVA DELRAY BEACH FL 33446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Barry D. Foreman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/05 561-865-1178  
Date Daytime Phone #