

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90193 049 ***150.00

DOCUMENT # P97000020388

1. Entity Name

DEALERS DEPENDABLE SERVICE CO.



Principal Place of Business

Mailing Address

7082 VIA GENOVA
DELRAY BEACH FL 33446
US

7082 VIA GENOVA
DELRAY BEACH FL 33446
US



2. Principal Place of Business

3. Mailing Address

441 RED SAILWAY

441 RED SAILWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

SATELLITE BEACH FL.

SATELLITE BEACH FL.

Zip

Country

Zip

Country

32937

USA

32937

USA

4. FEI Number

65-0733800

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOREMAN, BARRY D
7082 VIA GENOVA
DELRAY BEACH FL 33446

Name

FLOYD PEELDE

Street Address (P.O. Box Number is Not Acceptable)

441 RED SAILWAY

City

SATELLITE BEACH

FL

Zip Code

32937

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

Floyd Peelde

FLOYD PEELDE

2/28/06

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 PTD ☒ Delete
NAME FOREMAN, BARRY D
STREET ADDRESS 7082 VIA GENOVA
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE PTD ☒ Change ☐ Addition
NAME BARRY FOREMAN
STREET ADDRESS 206 MEDFORD DRIVE
CITY-ST-ZIP GREER SC, 29650

TITLE VSD ☒ Delete
NAME FOREMAN, MITZI
STREET ADDRESS 7082 VIA GENOVA
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE VSD ☐ Change ☐ Addition
NAME CHRISTINE FOREMAN
STREET ADDRESS 206 MEDFORD DRIVE
CITY-ST-ZIP GREER SC 29650

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Barry D. Foreman BARRY D. FOREMAN

3/10/06

864-469-6095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #