

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90038 045 \*\*\*150.00

**DOCUMENT # P98000077080**

1. Entity Name  
**DEPENDABLE HEATING AND AIR CONDITIONING, INC.**



Principal Place of Business <b>5921 S.E. 68 STREET SUITE 105 OCALA, FL 34472</b>	Mailing Address <b>5921 S.E. 68 STREET SUITE 105 OCALA, FL 34472</b>	<b>6340 SE 88 ST OCALA, FL 34472</b>
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01272004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3531975</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**LAURITO, MIKE  
5921 S.E. 68 STREET  
SUITE 105  
OCALA, FL 34472**

**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 \_\_\_\_\_

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

10. OFFICERS AND DIRECTORS

TITLE <b>PTD</b>	NAME <b>LAURITO, MIKE</b>	STREET ADDRESS <b>5921 SE 68 STREET SUITE 405</b>	CITY-ST-ZIP <b>OCALA, FL 34472</b>
		<b>6340 SE 88 Street OCALA, FL 34472</b>	
TITLE <b>SD</b>	NAME <b>LAURITO, MICHELE</b>	STREET ADDRESS <b>5921 SE 68 STREET SUITE 405</b>	CITY-ST-ZIP <b>OCALA, FL 34472</b>
		<b>6340 SE 88 Street OCALA, FL 34472</b>	
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**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:** Michele Laurito **3/29/04** **3526945201**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #