

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-02-2004 90038 045 ***150.00

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



Principal Place of Business

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

Mailing Address

5921 S.E. 68 STREET 6340 SE 88 St
SUITE 105 Ocala, FL 34472
OCALA, FL 34472



01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3531975
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
LAURITO, MIKE
5921 SE 68 STREET SUITE 405 6340 SE 88 Street
OCALA, FL 34472 Ocala, FL 34472

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
LAURITO, MICHELE
5921 SE 68 STREET SUITE 405 6340 SE 88 Street
OCALA, FL 34472 Ocala, FL 34472

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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NAME
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CITY - ST - ZIP

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04 3526945201
Date Daytime Phone #