


**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 5921 S.E. 68 STREET SUITE 105 OCALA, FL 34472	Mailing Address 5921 S.E. 68 STREET SUITE 105 OCALA, FL 34472	6340 SE 88 ST OCALA, FL 34472
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01272004 No Chg-P CR2E034 (10/03)

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

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

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 #