2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State
01-25-2006 90030 035 ***150.00

DOCUMENT # P98000077080

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

Principal Place of Business	Mailing Address
6340 SE 88 ST SUITE 105 OCALA, FL 34472	6340 SE 88 ST SUITE 105 OCALA, FL 34472

01112006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
6340 SE 88 St	6340 SE 88 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, Fl.	City & State: Ocala, Fl.
Zip: 34472 Country: USA	Zip: 34472 Country: USA

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

7. Name and Address of New Registered Agent

Name: Laurito, Mike
Street Address (P.O. Box Number is Not Acceptable): 6340 SE 88 St
City: Ocala FL Zip Code: 34472

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: Mike Laurito DATE: 01/20/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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	TITLE	☐ Change ☐ Addition
NAME	LAURITO, MIKE		NAME	
STREET ADDRESS	6340 SE 88 ST		STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LAURITO, MICHELE		NAME	
STREET ADDRESS	6340 SE 88 ST		STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Michele Laurito 01/20/06 352-694-5201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Michele Laurito