

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000088353

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** DEPENDABLE TRAILER REPAIR, INC.

**Current Principal Place of Business:**

923 WOLFE STREET  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 60115  
JACKSONVILLE, FL 32236

**New Mailing Address:**

**FEI Number:** 59-3545579

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COUEY, STEPHEN B  
923 WOLFE STREET  
JACKSONVILLE, FL 32205 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTS  
Name: COUEY, STEPHEN B  
Address: 923 WOLFE STREET  
City-St-Zip: JACKSONVILLE, FL 32205

Title: V  
Name: COUEY, SUZANNE S  
Address: 923 WOLFE ST.  
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUZANNE S. COUEY

V

04/12/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date