

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000088353

**FILED**  
**Apr 30, 2012**  
**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

**OFFICERS AND DIRECTORS:**

Title: P  
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

Title: T  
Name: PETERSON, ERIN S  
Address: 4517 WATER OAK LANE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: S  
Name: COUEY, DOUGLAS L  
Address: 927 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

04/30/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date