

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000073630	
1. Entity Name DEPENDABLE HOME INSPECTIONS INC.	

Principal Place of Business 9720 SW 77TH TERRACE MIAMI, FL 33173	Mailing Address 9720 SW 77TH TERRACE MIAMI, FL 33173
--	--

DO NOT WRITE IN THIS SPACE

	
03062003	No Chg-P
CR2E034 (10/03)	
4. FEI Number 65-0941642	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PLASENCIA, LEONEL 9720 SW 77TH TERRACE MIAMI, FL 33173	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, typewritten or printed name of registered agent and title if applicable.	NOTE: Registered Agent signature required when re-electing.	DATE _____
---	---	------------

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	---------------------------------------	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PLASENCIA, LEONEL B 9720 SW 77TH TERRACE MIAMI, FL 33173
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	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U000000160447
05/14/04-80004-016 150.00

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)(f), 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 employment.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	5-1-04	308-595-3666
---	--------	--------------