


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # 595458
 1. Entity Name
DEBRAN, INC.



Principal Place of Business Mailing Address
163-63RD ST OCEAN **163-63RD ST OCEAN**
MARATHON, FL 33050 **MARATHON, FL 33050**

DO NOT WRITE IN THIS SPACE



01112004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1872998 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCHENK, ROBERT F
163 63RD STREET OCEAN
MARATHON, FL 33050

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7. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$500.00

8. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

1000000122150
 04/21/04-80016-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SCHENK, ROBERT 163 E 63 STREET OCEAN MARATHON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUTTERS, DEBORAH PO BOX 415 SEBASTIAN, TX 785940415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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: Robert Schenk **ROBERT SCHENK** April 19, 2004 305-743-4921
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #