

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90016 020 ***150.00

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1. Entity Name

DEBBIE KRANAK & ASSOCIATES, INC.



Principal Place of Business

1600 BULEVAR MANOR
PENSACOLA BEACH FL 32561

Mailing Address

1600 BULEVAR MANOR
PENSACOLA BEACH FL 32561

54018581



MOORE

CR2E034 (11/03)

2. Principal Place of Business

4170 Madura Four

Suite, Apt. #, etc.

3. Mailing Address

4170 Madura Four

Suite, Apt. #, etc.

City & State

Gulf Breeze, FL

City & State

Gulf Breeze, FL

4. FEI Number

59-3501509

Applied For

Not Applicable

Zip

32563

Country

USA

Zip

32563

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, JAMES S
3 WEST GARDEN STREET
SUITE 700
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME KRANAK, DEBORAH O
STREET ADDRESS 1600 BULEVAR MANOR 4170 Madura Four
CITY-ST-ZIP PENSACOLA BEACH FL 32561 Gulf Breeze, FL 32563

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:

Deborah O. Kranak

Deborah O. Kranak

3/10/04

(850)934-9611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #