

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90045 015 ***150.00

DOCUMENT # 438213

1. Entity Name
DEB-LYN, INC.



Principal Place of Business
6916 W. UNIVERSITY AVENUE
GAINESVILLE, FL 32607

Mailing Address
6916 W. UNIVERSITY AVENUE
GAINESVILLE, FL 32607



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1521604	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GATTON (CHARLES)
6916 W. UNIVERSITY AVE.
GAINESVILLE, FL 32607

**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, 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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P D P D
NAME	GATTON, CHARLES
STREET ADDRESS	6916 W. UNIVERSITY AVE.
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	V
NAME	GATTON, BEVERLY
STREET ADDRESS	6916 W. UNIVERSITY AVE.
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	V S T
NAME	FOUST, V. JAMES
STREET ADDRESS	6916 W. UNIVERSITY AVE.
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Charles Gatton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/2008

Date

352-332-5556

Daytime Phone #