


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 679368 1. Entity Name DEBORAH KENT'S, INC.	
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Principal Place of Business 2120 SOUTH DALE MABRY HWY. TAMPA, FL 33629-6313	Mailing Address 2120 SOUTH DALE MABRY HWY. TAMPA, FL 33629-6313
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03092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2018799	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SKYRMS, DEBORAH KENT
 2120 SOUTH DALE MABRY HWY.
 TAMPA, FL 33609

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKYRMS, DEBORAH KENT 61 MARTINIQUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STV SKYRMS, BARBARA B. 2401 ARDSON PL TAMPA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/15/04-80059-025 150.00

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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 empowered.

SIGNATURE: Deborah K. Skyrms _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____