


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 679368**  
 1. Entity Name  
**DEBORAH KENT'S, INC.**



Principal Place of Business: **2120 SOUTH DALE MABRY HWY. TAMPA, FL 33629-6313**  
 Mailing Address: **2120 SOUTH DALE MABRY HWY. TAMPA, FL 33629-6313**

**DO NOT WRITE IN THIS SPACE**



02242005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-2018799** Applied For  Not Applicable  
 5. Certificate of Status Desired  **\$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, 2005 Fee will be \$550.00**

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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**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)(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 Kent* **3-14-05** **813 259-1150**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #