


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 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



02132008 No Chg-P CR2E034 (11/05)

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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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6. 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, 2006 Fee will be \$550.00

7. 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 AROSON PL TAMPA, FL
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 04/12/06-80010-018 150.00

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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 fees empowered.

SIGNATURE: *Deborah Kent*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____