

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # 842100**

1. Entity Name  
**DEBEAU BROADCASTING, INCORPORATED**



Principal Place of Business  
**536 BELVEDERE COURT  
PUNTA GORDA, FL 33950 US**

Mailing Address  
**536 BELVEDERE COURT  
PUNTA GORDA, FL 33950 US**



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**38-2184678**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**LORICCO, CARLO J.  
3005 CARING WAY SUITE A  
PORT CHARLOTTE, FL 33952**

**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, 2004 Fee will be \$550.00**

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

**U00000088066  
03/15/04-80037-002 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DEBEAU, LAWRENCE N
STREET ADDRESS	536 BELVEDERE CT
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	S
NAME	LORICCO, CARLO J
STREET ADDRESS	3005 CARING WAY, SUITE A
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	T
NAME	DEBEAU, MARK
STREET ADDRESS	13967 ORCHARD COURT
CITY-ST-ZIP	PLYMOUTH, MI 48170
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 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:** *Lawrence N. De Beau, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-12-04**

Date

**944-639-9652**

Daytime Phone \*