

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90093 048 ***150.00

**NON-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H24311

1. Entity Name
DEBRY DEVELOPMENT, INC.



Principal Place of Business
123 TROPICANA DR
PUNTA GORDA, FL 33950

Mailing Address
123 TROPICANA DR
PUNTA GORDA, FL 33950

54060303



02132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2508458

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PAPY, CHARLES C., III
201 ALHAMBRA CIRCLE
SUITE 502
CORAL GABLES, FL 33134

**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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DEBRY, JEAN M. 123 TROPICANA DR PUNTA GORDA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DEBRY, JEAN M. 123 TROPICANA DR PUNTA GORDA, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-01-04

Date

Daytime Phone #