ANNUAL REPORT

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

07-08-2004 90093 048 ***150.00

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)

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

DO NOT WRITE IN THIS SPACE

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

٨	- 74	17.0		20,75	1.25	126.54		200	200	23.	236.3	SALK.	100	2.52	200	53,58	0.304	uca:	- E-	شاد	200	300
š	37	-	. 8	-	-	798			1		-	10.0	X - 1		11					-	E	26.9
ş	2 1	š		٠.		Special Contract of the Contra			20		156	38.20	OA.				~)			my.		250
9		e		19		2.136		ч		1.5	1.7	100	533A	.,		86	-		100	- 10		X.
٠	: 3	22	•			70	Æ٨	м.	ъ.		.2	a s	20.5	•		8	22.3		2.0	4.8	2.3	40.
ü	31		16		-4	6 A:	*			₽.	33 8	i i i i	38.14		13	28.	353		25	3 K V		-0.3
Š	44	116	300	44		146	200	28	384.s	100	# . 1	in the	Section	0.46	100		Ala	448.	\$8 z.	dia.	244	40.0
	33	200	N.E.		200	7 E	588	234	1		27.0	1914	80 Z	330	W 33	200	76	120	43.	25.00	83	
٠	18	_ ×			200	_		28.00	-	****		PR 12	3	. 332	7		-44	200	-	-35		300
Ř	17	•		7-48	500		-	33.			_	ue e	7	•			-	4	ì	Α:		3100
ă	Κŝ		п	l I	(5.53	38 E	4.		11	ь.		100	8.0		Ľ		•	ш	. 22	256	218	44
ľ	V_{i}	8.		u	100	₹.	8-	300		-	~	20.0		-		- 1			-2	-	250	ವೆಡಿ
2	-3				8.2	S. 1	42				_	133	Ł.	ж.		5.4	222	-	-			200

	named entity submits this statement for the pons of registered agent.	urpose of changing its re	gistered office or re	gistered agent, or both,	in the State of Florida. I am familia	r with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title t	f applicable. (NOTE: R	legistered Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 By 1, 2004 Fee will be \$550.00	Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				determination
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEBRY, JEAN M. 123 TROPICANA DR PUNTA GORDA, FL ST DEBRY, JEAN M. 123 TROPICANA DR PUNTA GORDA, FL	-				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				T _i Ni.	HIS SPACE .	
TITLE						

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

INGINATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

7-01-04

Dete

Daytime Phone #