


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # H24311  
1. Entity Name  
DEBRY DEVELOPMENT, INC.



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

**DO NOT WRITE IN THIS SPACE**



03232005 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  
PAPY, CHARLES C., III  
201 ALHAMBRA CIRCLE  
SUITE 502  
CORAL GABLES, FL 33134

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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

U000000284041  
04/01/05-80051-009 150.00

10. OFFICERS AND DIRECTORS

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

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

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: \_\_\_\_\_ Date: 3-28-05 Daytime Phone #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR