


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # K79163**  
 1. Entity Name  
**DEBON-AIRE, INC.**



Principal Place of Business      Mailing Address  
**7 S. FORREST AVENUE**      **7 S. FORREST AVENUE**  
**KISSIMMEE, FL 34741**      **KISSIMMEE, FL 34741**

**DO NOT WRITE IN THIS SPACE**



01102008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-2951750**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**RITCH, JOHN B.**  
**100 CHURCH ST**  
**KISSIMMEE, FL 32741**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

1100000415345  
 02/11/06-80076-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DUFLO, EUGENE F.
STREET ADDRESS	7 S FORREST AVE
CITY-ST-ZIP	KISSIMMEE, FL
TITLE	D
NAME	DUFLO, LORRAINE G.
STREET ADDRESS	7 S FORREST AVE
CITY-ST-ZIP	KISSIMMEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 like empowered.

SIGNATURE: Eugene Duflo      Date: 1-27-06      Daytime Phone #: 407-846-3341  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR