


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 14, 2008 08:00 AM
Secretary of State**

DOCUMENT # K79163 1. Entity Name DEBON-AIRE, INC.	
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Principal Place of Business 7 S. FORREST AVENUE KISSIMMEE, FL 34741	Mailing Address 7 S. FORREST AVENUE KISSIMMEE, FL 34741
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01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2951750	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RITCH, JOHN B.
100 CHURCH ST
KISSIMMEE, FL 32741

**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 _____ 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, 2008 Fee will be \$550.00**

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

100000782413
01/15/08-80073-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUFLO, EUGENE F. 7 S FORREST AVE KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUFLO, LORRAINE G. 7 S FORREST AVE KISSIMMEE, FL
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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 Pres. 1-11-08 407 846 3341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #