

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90028 044 ***150.00

DOCUMENT # L00447

1. Entity Name
DEBCO MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

94059607

2. Principal Place of Business C/O M. Roy Smith Suite, Apt. #, etc. 1604 Bataan Lane City & State Gulf Breeze, FL 32563 Zip		3. Mailing Address C/O M. Roy Smith Suite, Apt. #, etc. 1604 Bataan Lane City & State Gulf Breeze, FL 32563 Zip	
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4. FEI Number 59-2960065	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SMITH, M. ROY
Street Address (P.O. Box Number is Not Acceptable) 1604 Bataan Lane
City Gulf Breeze FL Zip Code 32563

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
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, M. ROY 1604 Bataan Lane Gulf Breeze, FL 32563	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SMITH, DEBORAH J. 1604 Bataan Lane Gulf Breeze, FL 32563	TITLE 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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Deborah J. Smith* *Deborah J. Smith* 4/1/04 (850)934-0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)