## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L00447

Entity Name: DEBCO MANAGEMENT, INC.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O M. ROY SMITH
1604 BATAAN LANE
GULF BREEZE, FL 32563

C/O M. ROY SMITH
1074 HARBOR LANE
GULF BREEZE, FL 32563

GULF BREEZE, FL 32563

Current Mailing Address: New Mailing Address:

C/O M. ROY SMITH
1604 BATAAN LANE
GULF BREEZE, FL 32563

C/O M. ROY SMITH
1074 HARBOR LANE
GULF BREEZE, FL 32563

GULF BREEZE, FL 32563

FEI Number: 59-2960065 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH, M. ROY
1604 BATAAN LANE
GULF BREEZE, FL 32561 US
SMITH, M. ROY
1074 HARBOR LANE
GULF BREEZE, FL 32563 US

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.

SIGNATURE: 03/24/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP
 ( ) Delete
 Title:
 DP
 (X) Change ( ) Addition

 Name:
 SMITH, M. ROY,
 Name:
 SMITH, M. ROY,

 Address:
 1604 BATAAN LANE
 Address:
 1074 HARBOR LANE

City-St-Zip: GULF BREEZE, FL 32563 City-St-Zip: GULF BREEZE, FL 32563

Title: () Delete Title: (X) Change ( ) Addition SMITH, DEBORAH J., SMITH, DEBORAH J., Name: Name: 1604 BATAAN LANE Address: 1074 HARBOR LANE Address: GULF BREEZE, FL 32563 GULF BREEZE, FL 32563 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. ROY SMITH DP 03/24/2009