


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90075 022 \*\*\*150.00

<b>DOCUMENT # M10831</b> 1. Entity Name <b>ONLY DEBITS &amp; CREDITS, INC.</b>					
Principal Place of Business <b>7548 CANAL DRIVE 5222 SW 26 AVE</b> <b>LAKE WORTH, FL 33467 DANIA, FL 33312</b>				Mailing Address <b>7548 CANAL DRIVE 5222 SW 26 AVE</b> <b>LAKE WORTH, FL 33467 DANIA, FL 33312</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FELDERWERTH, TRACY S</b> <b>7548 CANAL DRIVE 5222 SW 26 AVE</b> <b>LAKE WORTH, FL 33467 DANIA, FL 33312</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>FELDERWERTH, TRACY S</b> <b>7548 CANAL DRIVE 5222 SW 26 AVE</b> <b>LAKE WORTH, FL 33467 DANIA, FL 33312</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>TRACY S FELDEWERTH</b> <b>5222 SW 26 AVE</b> <b>DANIA, FL 33312</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>KEVIN FELDEWERTH</b> <b>5222 SW 26 AVE</b> <b>DANIA, FL 33312</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREAS <b>JAMIE LEE VALLS</b> <b>1015 N. K STREET</b> <b>LAKE WORTH, FL 33460</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <u>Tracy S Feldewerth</u> TRACY S FELDEWERTH, Pres 2/1/06 561-315-1061</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					