

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/14

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-14-2004 90030 044 ***150.00

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1. Entity Name
DEBILLE CONSTRUCTION INC



Principal Place of Business
**PO BOX 9660
PANAMA CITY BEACH, FL 32417**

Mailing Address
**PO BOX 9660
PANAMA CITY BEACH, FL 32417**

66417467



02242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3632145

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FARRISH, AUDREY
804 CHURCHILL BAYOU ROAD
SANTA ROSA BEACH, FL 32459**

**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: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEBILLE, DANIEL
STREET ADDRESS	PO BOX 9660
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32417
TITLE	S
NAME	DEBILLE, AMANDA
STREET ADDRESS	PO BOX 9660
CITY-ST-ZIP	PANAMA BEACH CITY, FL 32417
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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Amanda L DeBille Amandal DeBille 4/26/04 850-231-9401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #