

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90022 018 ***150.00

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1. Entity Name

DEBRON DISTRIBUTION SERVICES, INC.



Principal Place of Business

3034 WINTERLAKE ROAD
LAKELAND FL 33803

Mailing Address

P.O. BOX 1901
AUBURNDALE FL 33823

44021237



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

PO BOX 1761

City & State

EATON PARK FL

4. FEI Number 59-3659945

Applied For
Not Applicable

Zip

Country

Zip

Country

33840

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUY, RONNIE
631 HOUSEWREN CIRCLE
PALM HARBOR FL 34683

Name

Ronnie Guy

Street Address (P.O. Box Number is Not Acceptable)

1621 Seabreeze Dr.

City

TARPON SPRINGS

FL

Zip Code

34689

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PTRD ☐ Delete
NAME GUY, RONNIE
STREET ADDRESS P.O. BOX 1901
CITY-ST-ZIP AUBURNDALE FL 33823

TITLE VPSD ☐ Delete
NAME GUY, MICHAEL
STREET ADDRESS P.O. BOX 946
CITY-ST-ZIP AUBURNDALE FL 33823

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME RONNIE GUY
STREET ADDRESS PO BOX 1761
CITY-ST-ZIP EATON PARK FL 33840

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/04 813-788-5888

Date

Daytime Phone #