2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000010196

1. Entity Name
DEBARY GAS, INC.

Principal Place of Business	Mailing Address
1301 BEVILLE ROAD UNIT 7	1301 BEVILLE ROAD UNIT 7
DAYTONA BEACH, FL 32119	DAYTONA BEACH, FL 32119

DO NOT WRITE IN THIS SPACE

05032004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3694752		Not Applicable

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

6. Name and Address of Current Registered Agent

AMENDOLAGINE, MARILYN
1301 BEVILLE ROAD UNIT 7
DAYTONA BEACH, FL 32119

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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 $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	VSTD
NAME	AMENDOLAGINE, MARILYN
STREET ADDRESS	1301 BEVILLE ROAD UNIT 7
CITY-ST-ZIP	DAYTONA BEACH, FL 32119
TITLE	PD
NAME	AMENDOLAGINE, MICHAEL
STREET ADDRESS	1301 BEVILLE ROAD UNIT 7
CITY-ST-ZIP	DAYTONA BEACH, FL 32119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 _Marilyn Amendolagine_   5/3/04   386-322-0673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #