

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000110880
 1. Entity Name
 DEBBY DUENOW, P.A.



FILED
May 05, 2004 08:00 AM
Secretary of State

Principal Place of Business Mailing Address
 3505 US 1 SOUTH 3505 US 1 SOUTH
 ST AUGUSTINE, FL 32086 ST AUGUSTINE, FL 32086



04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 30-0019912 Not Applicable

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

6. Name and Address of Current Registered Agent
 DUENOW, DEBBY
 3505 US 1 SOUTH
 ST AUGUSTINE, FL 32086

DO NOT WRITE IN THIS SPACE

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

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

1100000156050
 05/05/04-80061-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	DUENOW, DEBBY
STREET ADDRESS	3505 US 1 SOUTH
CITY-ST-ZIP	ST AUGUSTINE, FL 32086
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debbly Duenuow Date: 4/26/04 Daytime Phone #: 904-669-0282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR