2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000097489

1. Entity Name
DEBORA LANDRY, INC.

Principal Place of Business	Mailing Address
1248 LOCKSLEY LANE ST AUGUSTINE, FL 32095	1248 LOCKSLEY LANE ST AUGUSTINE, FL 32095

DO NOT WRITE IN THIS SPACE

04182005   No Chg-P   CR2E034 (10/03)

4. FEI Number 06-1645584	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

LANDRY, DEBORA
1248 LOCKSLEY LANE
ST AUGUSTINE, FL 32095

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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000315937 04/19/05-80054-021 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	LANDRY, DEBORA
STREET ADDRESS	1248 LOCKSLEY LANE
CITY-ST-ZIP	ST AUGUSTINE, FL 32095

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   4-18-05   904-349-3145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #