

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90139 020 ***158.75

DOCUMENT # P03000055473

1. Entity Name
DEBRIS FREE GUTTERS INC.



Principal Place of Business
12948 GURNEE AVE
NEW PORT RICHEY, FL 34654 US

Mailing Address
12948 GURNEE AVE
NEW PORT RICHEY, FL 34654 US

14021281



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
5408 St James Dr
Suite, Apt. #, etc.

04292004 Chg-P CR2E034 (10/03)

City & State
New Port Richey FL

Zip
34652

Country
USA

4. FEI Number
71-0947128

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent
BARRY, SHEILA M
12948 GURNEE AVE
NEW PORT RICHEY, FL 34654

7. Name and Address of New Registered Agent
Name
Kelly Drew
Street Address (P.O. Box Number is Not Acceptable)
5408 St James Drive
City
New Port Richey FL Zip Code
34652

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 **Kelly L Drew** **Kelly Drew** **4-29-04**
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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P.	<input type="checkbox"/> Delete	TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY, DONALD R JR.		NAME	Barry, Donald R Jr	
STREET ADDRESS	12948 GURNEE AVE		STREET ADDRESS	12948 Gurnee Ave	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654		CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMPLIN, WILLIAM J		NAME		
STREET ADDRESS	10420 OLSEN ST.		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Donald Barry** **4-29-04** **727-856-5505**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #