2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2005 08:00 A Secretary of State

954-491-0572

	AMMOAL	KEFOKI		<u>-</u>		G,	CC
DOCUMENT # P03000055672 1. Entity Name DEBBEE, INC.					Secretary	01 S	
6550 N. FEE SUITE 240	De of Business DERAL HIGHWAY DALE, FL 33308	Mailing Address 6550 N. FEDERAL HIGHWAY SUITE 240 FT. LAUDERDALE, FL 33308					
E	OO NOT WRITE	CE	01192005 4. FEI Numb 06-169	No Chg-P	CR2E034 (10/03)	d For	
	6. Name and Address of Current Re	gistered Agent	n /	the contract of the contract of	1978 s. on		
CLARK, THOMAS M 2400 EAST COMMERCIAL BOULEVARD SUITE 820 FT. LAUDERDALE, FL 33308			DO NOT WRITE IN THIS SPACE				
	e named entity submits this statement for the tions of registered agent.	ne purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Fid	orida. I am familiar with, and	accept
SIGNATURE.							
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE Registere	d Agent signature required	1 when reinstating)		DATE	
FIL After M	.E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees			
10.	OFFICERS AND DI	RECTORS					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D BARKER, DEBORAH 6550 N. FEDERAL HIGHWAY, SUI FT. LAUDERDALE, FL 33308	TE 240					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D BARKER, BRADD 6550 N. FEDERAL HIGHWAY, SUI FT, LAUDERDALE, FL 33308	TE 240			02/04/05-	J215082 -80038-022 150.	ŲŲ
TATLE NAME STREET ADDRESS CITY-ST-ZIP			- ১৮২৮: তিক া ক্রম	DO	NOT W	RITE	
NAME NAME STREET ADDRESS CITY-SI-ZIP				IN .	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				erman (n. 1901) en de en Jeseph (n. 1	garana e e se se ntre se d		

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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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.