2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000004362

4710 SHAVANO BARK

City-St-Zip: SAN ANTONIO, TX 78230

Address:

Entity Name: DEB - CYN, INC

FILED Feb 26, 2009 Secretary of State

Littly Na	ille. DEB-C	OTIN, IINC							
Current Principal Place of Business:				New Prin	New Principal Place of Business:				
1931 TAMIAMI TRAIL UNIT 10 PORT CHARLOTTE, FL 33948					22285 WALTON AVE PORT CHARLOTTE, FL 33952				
Current Mailing Address:				New Mailing Address:					
	LTON AVE ARLOTTE, F	L 33952							
FEI Number	: 20-0568956	FEI Number	Applied For ()	FEI Number Not App	olicable ()	Certificate o	f Status Desired ()		
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:				
22285 WA PORT CH.	, SHIRLEY LLTON AVE ARLOTTE, F		-	urnoso of changing	ita rogisto	rod office or region	stored agent or bot	th	
	e named enui e of Florida.	y submits this :	statement for the p	urpose of changing	its registe	rea office of regis	stered agent, or bot	.n,	
SIGNATU	RE:								
	Electr	onic Signature	of Registered Age	nt		Dat	e		
Election Car	mpaign Financ	ing Trust Fund C	Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	THILKING, SI 22285 WALT		2	Title: Name: Address: City-St-Zip:		()Change()A	ddition		
Title: Name: Address: City-St-Zip:	PAIGE, THOM 211 ANTOFA	() Delete MAS J GASTA STREET DA, FL 33983 US	3	Title: Name: Address: City-St-Zip:		(X) Change () A HOMAS J ALTON AVE IARLOTTE, FL 3395			
Title: Name:	ST MORNHINEV	()Delete √AY, DAVID		Title: Name:		() Change () A	ddition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: SHIRLEY THILKING PD 02/26/2009