


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90033 030 ***150.00

DOCUMENT # P04000116683	
1. Entity Name DEBBE'S CURTAIN CALL, INC.	

Principal Place of Business 830 NW 10TH TERRACE STUART FL 34994 US	Mailing Address 830 NW 10TH TERRACE STUART FL 34994 US
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2. Principal Place of Business - No P.O. Box # 830 NW 10th Terrace	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State STUART FL	City & State
Zip 34994	Country Martin

4. FEI Number 36-4559156	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent BINET, DEBORAH A 830 NW 10TH TERRACE STUART FL 34994	
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 Deborah Binet	DATE 3/3/07

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
P BINET, DEBORAH A 830 NW 10TH TERRACE STUART FL 34994	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Deborah Binet	DATE: 3/3/07	DAYTIME PHONE: 772-232-3207
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #