


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000130582 1. Entity Name DEBOW-BEALL BROTHERS, INC.		
Principal Place of Business 2109 DATE PALM WAY VENICE, FL 34292	Mailing Address 2109 DATE PALM WAY VENICE, FL 34292	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DEBOW, JAMES S 2109 DATE PALM WAY VENICE, FL 34292		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-filing)</small> _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEALL, DAVID 592 MOSSY CREEK LN VENICE, FL 34292	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DE BOW, JAMES S 2109 DATE PALM WAY VENICE, FL 34292	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>James S DeBow</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/6/06</u> (941) 483-4681 <small>Daytime Phone #</small>



01212006 No Chg-P CR2E034 (11/05)

4. FEI Number 27-0103999	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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02/20/06-80034-005 150.00

**DO NOT WRITE
IN THIS SPACE**