

PD5000071954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

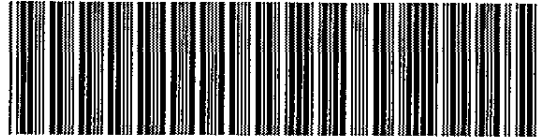
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06 FEB 27 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OK  
Reg

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Debtra Enterprises Incorporated  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000071954

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debra Pedone  
(Name of Person)

Debtra Enterprises Incorporated  
(Name of Firm/Company)

4347 Kettering Rd  
(Address)

Brooksville FL 34602  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tracy Price at ( 352 ) 279-8399  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Debra Pedone, hereby resign as V, T, D  
(Title)

of Debra Enterprises Incorporated,  
(Name of Corporation)

P05000071954, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Debra Pedone  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA