


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90022 041 ***150.00

DOCUMENT # P05000102576	
1. Entity Name DEFYANT, INC.	

Principal Place of Business 3566 US 27 S SEBRING FL 33870	Mailing Address 3566 US 27 S SEBRING FL 33870
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2. Principal Place of Business - No P.O. Box # 2300 U.S. 27. N.	3. Mailing Address 2300 U.S. 27. N.
Suite, Apt. #, etc. 2300	Suite, Apt. #, etc. 2300
City & State Sebring, Florida	City & State Sebring, Florida
Zip 33870	Country Highlands

1st MOORE CR2E034 (10/06)

4. FEI Number 20-3187717	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLAYER, JUDITH 3566 US 27 S SEBRING FL 33870	
7. Name and Address of New Registered Agent Name BLAYER, Judith Street Address (P.O. Box Numbers Not Acceptable) 2300 U.S. 27. N. City Sebring FL Zip Code 33870	

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 *Judith Blayer* (NOTE: Registered Agent signature required when reinstating) DATE *2/23/07*

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BLAYER, JUDITH 3566 US 27 S SEBRING FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST BLAYER, JUDITH 3566 US 27 S SEBRING FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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: *Judith Blayer* **JUDITH BLAYER** *2/23/07* *863-382-6311*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Copyright Phone #