

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000109677

Entity Name: DEBRIS FREE, INC

FILED
Feb 26, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 511512
PUNTA GORDA, FL 33951 US

New Principal Place of Business:

31821 CREEK TRAIL
PUNTA GORDA, FL 33982 US

Current Mailing Address:

P.O. BOX 511512
PUNTA GORDA, FL 33951 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOFF, DENNIS C
36756 WASHINGTON LOOP RD
PUNTA GORDA, FL 33982 US

Name and Address of New Registered Agent:

GOFF, DENNIS C
31821 CREEK TRAIL
PUNTA GORDA, FL 33982 US

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.

SIGNATURE:

02/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/T () Delete
Name: GOFF, DENNIS C
Address: P.O. BOX 511512
City-St-Zip: PUNTA GORDA, FL 33951 US

Title: VP/S () Delete
Name: GOFF, MARTHA E
Address: P.O. BOX 511512
City-St-Zip: PUNTA GORDA, FL 33951 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MATHA E GOFF

VP

02/26/2007

Electronic Signature of Signing Officer or Director

Date