

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90014 011 \*\*\*150.00

DOCUMENT # P05000136071

1. Entity Name  
DEBRIS RELIEF SERVICES OF FLORIDA, INC.



Principal Place of Business  
220 NE 51 STREET  
FORT LAUDERDALE, FL 33334 US

Mailing Address  
220 NE 51 STREET  
FORT LAUDERDALE, FL 33334 US

40042100



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

02032006 Chg-P CR2E034 (11/05)

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
030571314

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

LENTNER, DARIN J  
220 NE 51 STREET  
FORT LAUDERDALE, FL 33334

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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 \_\_\_\_\_  
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LENTNER, DARIN J	
STREET ADDRESS	220 NE 51 STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FARR, KIRK L	
STREET ADDRESS	220 NE 51 STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	
TITLE	T	<input type="checkbox"/> Delete
NAME	LENTNER, DARIN J	
STREET ADDRESS	220 NE 51 STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	
TITLE	S	<input type="checkbox"/> Delete
NAME	LENTNER, DARIN J	
STREET ADDRESS	220 NE 51 STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARIN LENTNER	
STREET ADDRESS	220 NE 51 STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: DARIN LENTNER 3/29/06 954-772-6690  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #