

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000136990

Entity Name: DEBAL, INC.

FILED  
Jan 05, 2007  
Secretary of State

## Current Principal Place of Business:

361 HARBOR PASSAGE  
CLEARWATER BEACH, FL 33767

## New Principal Place of Business:

## Current Mailing Address:

361 HARBOR PASSAGE  
CLEARWATER BEACH, FL 33767

## New Mailing Address:

FEI Number: 83-0438722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRUG, ROBERT ESQ  
4010 BOY SCOUT BLVD SUITE 590  
TAMPA, FL 33607 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BIRCH, DEBORAH  
Address: 361 HARBOR PASSAGE  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: VD ( ) Delete  
Name: BIRCH, ALAN  
Address: 361 HARBOR PASSAGE  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D ( ) Change (X) Addition  
Name: BIRCH, ENID  
Address: 361 HARBOR PASSAGE  
City-St-Zip: CLEARWATER, FL 33767

Title: D ( ) Change (X) Addition  
Name: CULSHAW, SUSAN E  
Address: 361 HARBOR PASSAGE  
City-St-Zip: CLEARWATER, FL 33767

Title: D ( ) Change (X) Addition  
Name: CULSHAW, MATTHEW  
Address: 361 HARBOR PASSAGE  
City-St-Zip: CLEARWATER, FL 33767

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: A.BIRCH

VD

01/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date