2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 08:00 AM Secretary of State

1. Enlity Name DEBONO'S, INC.	
Principal Place of Business Mailing Address 2200 SANTA BARBARA BOULEVARD 2200 SANTA BAR CAPE CORAL, FL 33991 CAPE CORAL, FL	RBARA BOULEVARD 33991
,	
DO NOT WRITE IN THIS	
	5. Certificate of Status Desired \$8.75 Additional Fee Required
LARROW, PAUL L 3501 DEL PRADO BOULEVARD STE 312 CAPE CORAL, FL 33904	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing the obligations of registered agent. SIGNATURE Signature, speed or printed name of repistered agent and trite if applicable.	ing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept [NOTE Registered Agent algorithms required when reinstaling] OATE
	sampeign Financing \$5.00 May Be of Contribution. Added to Fees
TITLE DP MAME DEBONO, CHUCK STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33991 TITLE DEBONO, DON SYMET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33991 TITLE MAME DEBONO, DON SYMET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33991 TITLE MAME SHEET ADDRESS CITY-ST-ZIP GITLE NAME NAME	DO NOT WRITE IN THIS SPACE
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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 logal 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:

CITY ST-ZIP

TITLE
NAME
STREET ADDITESS
GITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darono

1/17/06 239-282-2202

Daytime Phone II