


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

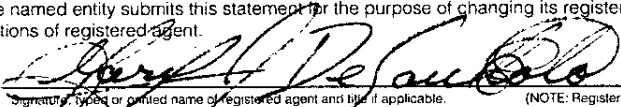
FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90022 048 ***150.00

DOCUMENT # P99000045907			
1. Entity Name DEBEAR'S INC.			
Principal Place of Business 215 PAUL MCCLURE COURT CASSELBERRY FL 32707		Mailing Address P.O. BOX 181295 CASSELBERRY FL 32728	
2. Principal Place of Business 909 WINTERGREEN BLVD		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FERN PARK, FL.		City & State	
Zip 32730	Country	Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent DESANTOLA, GARY 215 PAUL MCCLURE COURT CASSELBERRY FL 32707		7. Name and Address of New Registered Agent Name GARY - DESANTOLA Street Address (P.O. Box Number is Not Acceptable) 909 WINTERGREEN BLVD City FERN PARK, FL Zip Code 32730	
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  DATE 24 FEB 04 <small>(NOTE: Registered Agent signature required when reinstating)</small>			

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PSD DESANTOLA, GARY 215 PAUL MCCLURE CT CASSELBERRY FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 909 WINTERGREEN BLVD FERN PARK, FL 32730
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
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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 exemption stated in Section 119.07(3)(i), 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:  **GARY J. DESANTOLA** **407 - 383-9963**
Date **24 FEB 04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #