## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 08, 2007 08:00 AM DOCUMENT # P99000046315 **Secretary of State** 1. Entity Name J. L. DEBAY, INC. Principal Place of Business Mailing Address 4524 GUN CLUB ROAD 4524 GUN CLUB ROAD SUITE 208 SUITE 208 WEST PALM BEACH, FL 33415 WEST PALM BEACH, FL 33415 A the complete the species of inspection that the tenter of the second o DO NOT WRITE IN THIS SPACE CR2E034 (11/05) 01032007 No Cha-P Applied For 4. FEI Number 65-0930882 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DEBAY, JAMES L 2912 EMBASSY DR. WEST PALM BEACH, FL 33401 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DEBAY, JAMES L NAME STREET ADDRESS 2912 EMBASSY DR WEST PALM BEACH, FL 33401 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fiorida 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 regainer 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 attacpment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10es

(561) 689-1770

**FILED** 

Daytime Phone #