

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000069500

1. Entity Name
DEBBIE/LYNN CORPORATION



**FILED
Jan 28, 2004 08:00 AM
Secretary of State**

Principal Place of Business
1002 CORAL COURT
BOYNTON BEACH, FL 33426

Mailing Address
1002 CORAL COURT
BOYNTON BEACH, FL 33426



01162004 No Chg-P CR2E034 (10/03)

4. FCI Number 65-0939816	Applied For Not Applicable
5. Certificate of Status Desired	
<input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOSHIER, ROBERT R JR
1002 CORAL COURT
BOYNTON BEACH, FL 33426

**DO NOT WRITE
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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

UD00000017460
01/28/04-80096-018 150.00

**DO NOT WRITE
IN THIS SPACE**

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MOSHIER, ROBERT R JR
STREET ADDRESS	1002 CORAL COURT
CITY- ST- ZIP	BOYNTON BEACH, FL 33426
TITLE	D
NAME	MOSHIER, LARNEY
STREET ADDRESS	111 SW 10TH COURT
CITY- ST- ZIP	BOYNTON BEACH, FL 33426
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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: *Robert Moshier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04 5613641812

Date

Daytime Phone #