

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90011 043 ***150.00

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02022006 Chg-P CR2E034 (11/05)

DOCUMENT # P99000069500 1. Entity Name DEBBIE/LYNN CORPORATION					
Principal Place of Business 1002 CORAL COURT BOYNTON BEACH, FL 33426			Mailing Address 1002 CORAL COURT BOYNTON BEACH, FL 33426		
2. Principal Place of Business 111 SW 10 COURT Suite, Apt. #, etc.		3. Mailing Address 111 SW 10 COURT Suite, Apt. #, etc.			
City & State BOYNTON BCH FL Zip 33426-4759		City & State BOYNTON BCH FL Zip 33426-4759		4. FEI Number 65-0939816 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOSHIER, ROBERT R JR 1002 CORAL COURT BOYNTON BEACH, FL 33426			7. Name and Address of New Registered Agent Name <u>LARNEY MOSHIER</u> Street Address (P.O. Box Number is Not Acceptable) <u>111 SW 10 COURT</u> City <u>BOYNTON BCH</u> <u>FL</u> Zip Code <u>33426-4759</u>		
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 <u>Larney Moshier</u> <u>LARNEY MOSHIER</u> <u>2/8/06</u> <small>Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSHIER, ROBERT R JR 1002 CORAL COURT BOYNTON BEACH, FL 33426		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7451 169TH DRIVE LIVE OAK FL 32060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSHIER, LARNEY 111 SW 10TH COURT BOYNTON BEACH, FL 33426		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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 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 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 <u>Larney Moshier</u> <u>LARNEY MOSHIER</u> <u>2/8/06</u> <u>(561) 737-6778</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					