2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/21/2004-90071-020-$150.00-$150.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

04 MAY -3 PM 4:01

DOCUMENT # V52523

1. Entity Name

DEBCO PROPERTIES, INC.

Principal Place of Business	Mailing Address
109 BAYSHORE RD 1 NOKOMIS FL 34275 US	P O BOX 424 NOKOMIS FL 34274 US

2. Principal Place of Business	3. Mailing Address
933 STEWART ST	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ENGLEWOOD FL	City & State
Zip: 34223 Country	Zip Country

MOORE CR2E034 (11/03)

4. FEI Number: 22-3226984 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAYMANS, MICHAEL P
2315 AARON STREET
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name: DEBORAH J SMITH
Street Address (P.O. Box Number is Not Acceptable): 933 STEWART ST
~~ENGLEWOOD~~
City: ENGLEWOOD FL Zip Code: 34223

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: Deborah J Smith — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 4-15-04

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 ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDSD	☐ Delete	TITLE	PDSD	☐ Change ☐ Addition
NAME	SMITH, DEBORAH J		NAME	SMITH, DEBORAH J	
STREET ADDRESS	109 BAHSHORE RD, #1 ← ADDRESS Change →		STREET ADDRESS	933 STEWART ST	
CITY-ST-ZIP	NOKOMIS FL 34275		CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Deborah J Smith — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4-15-04 — Daytime Phone #: 941-331-8254