


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90003 044 ***150.00

DOCUMENT # P01000018591

1. Entity Name
DEVANEY'S, INC.



Principal Place of Business Mailing Address
461 PICKFAIR TERRACE **461 PICKFAIR TERRACE**
LAKE MARY, FL 32746 **LAKE MARY, FL 32746**

2. Principal Place of Business 3. Mailing Address
856 BLAIRMONT LANE **856 BLAIRMONT LANE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
LAKE MARY, FL **LAKE MARY, FL**
 Zip Country Zip Country
32746 **FLORIDA** **32746** **FLORIDA**



01142004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent:
CROTTY, SANDRA R
461 PICKFAIR TERRACE
LAKE MARY, FL 32746

4. FEI Number Applied For
59-3707923 Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
856 BLAIRMONT LANE
 City State Zip Code
LAKE MARY **FL** **32746**

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: Sandra R. Crotty DATE: 1-14-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CROTTY, SANDRA R 461 PICKFAIR TERRACE LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 856 BLAIRMONT LANE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CROTTY, EDWARD 461 PICKFAIR TERRACE LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 856 BLAIRMONT LANE LAKE MARY, FL 32746
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
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: Sandra R. Crotty Date: 1-14-04 Daytime Phone #: 407-902-9025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR