# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2008**
**Secretary of State**

DOCUMENT# P05000110604

**Entity Name:** DEVCON MANAGEMENT CORP.

**Current Principal Place of Business:**

595 SOUTH FEDERAL HIGHWAY, STE. 500
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

595 SOUTH FEDERAL HIGHWAY, STE. 500
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number: 20-3286731** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MCMILLIAN, JANETT
595 SOUTH FEDERAL HIGHWAY, STE. 500
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

MACDONALD, ANN M
595 SOUTH FEDERAL HIGHWAY, STE. 500
BOCA RATON, FL 33432 US

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.

SIGNATURE: ANN M MACDONALD 04/28/2008
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CEOD ( ) Delete
Name: ROCHON, RICHARD C
Address: 595 SOUTH FEDERAL HIGHWAY, STE. 500
City-St-Zip: BOCA RATON, FL 33432

Title: PDS ( ) Delete
Name: FARENHEM, ROBERT C
Address: 595 SOUTH FEDERAL HIGHWAY, STE. 500
City-St-Zip: BOCA RATON, FL 33432

Title: CFOT ( ) Delete
Name: SCHILLER, ROBERT W
Address: 595 SOUTH FEDERAL HIGHWAY, STE. 500
City-St-Zip: BOCA RATON, FL 33432

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change ( ) Addition
Name: MCINTOSH, MARK M
Address: 595 SOUTH FEDERAL HIGHWAY, STE. 500
City-St-Zip: BOCA RATON, FL 33432

Title: TASV ( ) Change (X) Addition
Name: MACDONALD, ANN M
Address: 595 SOUTH FEDERAL HIGHWAY, STE. 500
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN M MACDONALD TASV 04/28/2008
Electronic Signature of Signing Officer or Director Date