

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000006294

FILED
Jan 25, 2007
Secretary of State

Entity Name: DEVOE, INC. II

Current Principal Place of Business:

4100 TAMIAMI TRAIL NORTH
NAPLES, FL 33940

New Principal Place of Business:

4100 TAMIAMI TRAIL NORTH
NAPLES, FL 34103

Current Mailing Address:

4100 TAMIAMI TRAIL NORTH
NAPLES, FL 33940

New Mailing Address:

4100 TAMIAMI TRAIL NORTH
NAPLES, FL 34103

FEI Number: 65-0462202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVOE, MARK A
2601 AIRPORT ROAD SOUTH
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEVOE, RICHARD H
Address: 4100 TAMIAMI TRAIL N
City-St-Zip: NAPLES, FL 33940

Title: VPD () Delete
Name: DEVOE, MARK A
Address: 4100 TAMIAMI TRAIL N
City-St-Zip: NAPLES, FL 33940

Title: D () Delete
Name: DEVOE, DONALD P
Address: 1411 SOLANA RD
City-St-Zip: NAPLES, FL 33940

Title: D () Delete
Name: WHITLEY, STEVEN R
Address: 2075 WEST FIRST ST
City-St-Zip: FT MYERS, FL 33902

Title: D () Delete
Name: KELLY, CHARLES M
Address: 2640 GOLDEN GATE PKWY - SUITE 305
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK A DEVOE

VPD

01/25/2007

Electronic Signature of Signing Officer or Director

_____ Date