

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000006491

FILED  
Apr 19, 2004  
Secretary of State

Entity Name: DEVON EQUIPMENT LEASING, INC.

**Current Principal Place of Business:**

2834 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

10100 W. SAMPLE ROAD  
SUITE 304  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

2834 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

10100 W. SAMPLE ROAD  
SUITE 304  
CORAL SPRINGS, FL 33065

FEI Number: 65-0890244

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOSER, IVAN  
5864 NW 125TH TERRACE  
CORAL SPRINGS, FL 33065 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: HOSER, IVAN  
Address: 2834 UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: STD ( ) Delete  
Name: HOSER, KAREN S  
Address: 2834 UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

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

Title: PD (X) Change ( ) Addition  
Name: HOSER, IVAN  
Address: 5864 NW 125TH TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: STD (X) Change ( ) Addition  
Name: HOSER, KAREN S  
Address: 5864 NW 125TH TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33076

I hereby certify that the information supplied with this filing does not qualify for the 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 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: IVAN HOSER

PD

04/19/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date