# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 12, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # 244842

1. Entity Name
DEVANE'S, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 9252 SAN JOSE BLVD<br>3401<br>JACKSONVILLE, FL 32257-9209 US | 9252 SAN JOSE BLVD<br>3401<br>JACKSONVILLE, FL 32257-9209 US |

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03222006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0917517
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEVANE, CORADELL M.
9252 SAN JOSE BLVD
3401
JACKSONVILLE, FL 32257

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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 _____ DATE
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, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | VAST |
| NAME | DEVANE, JOE MICHAEL |
| STREET ADDRESS | 315 AGNES STREET |
| CITY-ST-ZIP | ORLANDO, FL |
| TITLE | PSTD |
| NAME | DEVANE, CORADELL M |
| STREET ADDRESS | 9252 SAN JOSE BLVD APT 3401 |
| CITY-ST-ZIP | JACKSONVILLE, FL 322579209 |
| TITLE | |
| NAME | |
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| NAME | |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Coradell M. DeVane Coradell M. DeVane, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #