2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90856 035 ***150.00

DOCUMENT # 244842

1. Entity Name
DEVANE'S, INC.

40093990

04232007 Chg-P CR2E034 (12/06)

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

2. Principal Place of Business - No P O Box #	3. Mailing Address
315 Agnes Street	315 Agnes Street
Suite, Apt #, etc	Suite, Apt # etc
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32801 Country: USA	Zip: 32801 Country: USA

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	7. Name and Address of New Registered Agent
DEVANE, CORADELL M. 9252 SAN JOSE BLVD 3401 JACKSONVILLE, FL 32257	Name: DeVane, Joe Michael Street Address (P.O. Box Number is Not Acceptable): 315 Agnes Street City: Orlando FL Zip Code 32801

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: [signature] Joe Michael DeVane
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	VAST DEVANE, JOE MICHAEL 315 AGNES STREET ORLANDO, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD DEVANE, CORADELL M. 9252 SAN JOSE BLVD APT 3401 JACKSONVILLE, FL 322579209 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 315 Agnes Street Orlando, FL 32801
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] Joe Michael DeVane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #