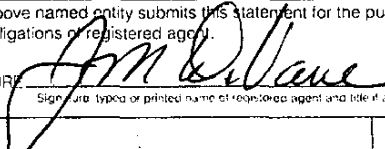
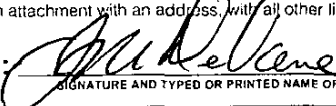


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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.					
Principal Place of Business 9252 SAN JOSE BLVD 3401 JACKSONVILLE, FL 32257-9209 US			Mailing Address 9252 SAN JOSE BLVD 3401 JACKSONVILLE, FL 32257-9209 US		
2. Principal Place of Business - No P.O. Box # 315 Agnes Street		3. Mailing Address 315 Agnes Street			
Suite, Apt #, etc 		Suite, Apt #, etc 			
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 59-0917517	
Zip 32801		Country USA		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		7. Name and Address of New Registered Agent 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:  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	PSTD DEVANE, CORADELL M. 9252 SAN JOSE BLVD APT 3401 JACKSONVILLE, FL 322579209	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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:  Joe Michael DeVane SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40093990



04232007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable