## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT #550446** 03-23-2007 90007 033 \*\*\*150.00 1. Entity Name DEVANE GROVES, INC. Principal Place of Business Mailing Address 7 NE 7TH STREET 7 NE 7TH STREET P.O. BOX 58 P.O. BOX 58 FT MEADE, FL 33841 FT MEADE, FL 33841 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152007 CR2E034 (12/06) Cha-P City & State City & State 4 FEI Number Applied For 59-1813707 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEVANE, FLOYD Street Address (P.O. Box Number is Not Acceptable) 301 NE 3 ST FT MEADE, FL 33841 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ----9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition President NAME FLOYD JR, DEVANE K NAME Floyd K. Devane, Sr. STREET ADDRESS 301 NE 3RD ST STREET ADDRESS 301 NE 3rd Street CITY-ST-ZIP FORT MEADE, FL 33841 CITY-ST-ZIP Fort Meade, F1 33841 Delete TITLE TITLE ☐ Change ☐ Addition NAME DEVANE, JOYCE L NAME STREET ADDRESS 301 NE 3 ST STREET ADDRESS CITY-ST-ZIP FT MEADE, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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: Floyd K. Devane, Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECT

FILED Mar 23, 2007 8:00 am