


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # 601688
 1. Entity Name
 DEVITT, THISTLE & DEVITT, P.A.



Principal Place of Business Mailing Address
 30 SE 4TH AVENUE 30 SE 4TH AVENUE
 DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483

DO NOT WRITE IN THIS SPACE



02272007 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-1276218 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEVITT, FRED B
 30 SE 4TH AVE
 DELRAY DEACH, FL 33444

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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 re-registering)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DEVITT, FRED B JR 729 S. OCEAN BLVD. DELRAY BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THISTLE, J. JEFFREY 303 GROVE WAY DELRAY BEACH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVITT, FRED B III 3030 N OCEAN BLVD GULFSTREAM, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/09/07-20024-005 150.00

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:  02/27/07 561-276-7436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #