

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000001764

1. Entity Name

E.M. DEVLIN REALTY INC.



Principal Place of Business

Mailing Address

**249 PLANDOME RD.
MANHASSET NY 11030**

**249 PLANDOME RD.
MANHASSET NY 11030**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

11-2570736

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

**MOORE, W. RODGERS
ONE LINCOLN PLACE
1900 GLADES RD., STE 401
BOCA RATON FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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: **PD** ☐ Delete
NAME: **DEVLIN, EDWARD**
STREET ADDRESS: **249 PLANDOME RD.**
CITY, ST, ZIP: **MANHASSET NY 11030**

TITLE: ☐ Change ☐ Addition
NAME: **000000206085**
STREET ADDRESS: **01/31/05-80068-024**
CITY, ST, ZIP: **150.00**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE: ☐ Change ☐ Addition
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CITY, ST, ZIP:

TITLE: ☐ Delete
NAME:
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TITLE: ☐ Change ☐ Addition
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NAME:
STREET ADDRESS:
CITY, ST, ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Edward M. Devlin