



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90043 001 ***150.00

DOCUMENT # G35788 1. Entity Name DEAVERS AND DEAVERS FINANCIAL SERVICES, INC.					
Principal Place of Business 5052 N. TAMiami TRAIL NAPLES, FL 34103 US			Mailing Address 5052 N. TAMiami TRAIL NAPLES, FL 34103 US		
2. Principal Place of Business 3920 VIA DEL REY Suite, Apt. #, etc. #4		3. Mailing Address 3920 VIA DEL REY Suite, Apt. #, etc. #4			
City & State BONITA SPRINGS FL		City & State BONITA SPRINGS FL		4. FEI Number 59-2492590	
Zip 34134		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARLENE F AUSTIN 5811 PELICAN BAY BLVD STE 206 A NAPLES, FL 34108				7. Name and Address of New Registered Agent Name CHERYLL DEAVERS Street Address (P.O. Box Number is Not Acceptable) 3920 VIA DEL REY #4 City BONITA SPRINGS FL Zip Code 34134	
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: <u><i>Cheryll Deavers</i></u> CHERYLL L. DEAVERS <u>4/20/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VPS	NAME DEAVERS, GILBERT		<input type="checkbox"/> Delete		
STREET ADDRESS 5052 N. TAMiami TR.	CITY-ST-ZIP NAPLES, FL 00000,		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE P	NAME DEAVERS, DOUGLAS J.		<input type="checkbox"/> Delete		
STREET ADDRESS 5052 N. TAMiami TR.	CITY-ST-ZIP NAPLES, FL 00000,		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/19/04</u> <u>(237) 947-2443</u> <small>Date Daytime Phone #</small>		