


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 12, 2005 08:00 AM
Secretary of State**

| | | | | | |
|--|-------------------------------|---------------------------------|--|--|-----------------------|
| DOCUMENT # G85637 1. Entity Name DEVICE ASSOCIATES CORPORATION OF NEW YORK, INC. | | | |  | |
| Principal Place of Business % W. W. EVERETT, JR. 1101 MASSACHUSETTS AVE ST. CLOUD FL 34769 | | | Mailing Address % W. W. EVERETT, JR. 1101 MASSACHUSETTS AVE ST. CLOUD FL 34769 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 16-0961272 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| EVERETT, W. W., JR. 1101 MASSACHUSETT AVE. ST CLOUD FL 34769 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) 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. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | EVERETT, W W III | | NAME | U00000226206 02/12/05-80006-008 158.75 | |
| STREET ADDRESS | 1160 WALNUT GROVE RD | | STREET ADDRESS | | |
| CITY- ST- ZIP | BRIDGEPORT NY 13030 | | CITY- ST- ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | EVERETT, CHERRY S | | NAME | | |
| STREET ADDRESS | 6287 S BREEZE RD | | STREET ADDRESS | | |
| CITY- ST- ZIP | ST CLOUD FL 34771 | | CITY- ST- ZIP | | |
| TITLE | VPS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | EVERETT, ANNETTE M | | NAME | | |
| STREET ADDRESS | 1160 WALNUT GROVE RD | | STREET ADDRESS | | |
| CITY- ST- ZIP | BRIDGEPORT NY 13030 | | CITY- ST- ZIP | | |
| TITLE | VPT | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TRAVER, LEANNE E | | NAME | | |
| STREET ADDRESS | 68 PORT ROYAL SQUARE | | STREET ADDRESS | | |
| CITY- ST- ZIP | PORT ROYAL VA 22535 | | CITY- ST- ZIP | | |
| TITLE | CT | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | EVERETT, W W JR | | NAME | | |
| STREET ADDRESS | 1101 MASSACHUSETTS AVE | | STREET ADDRESS | | |
| CITY- ST- ZIP | ST CLOUDS FL 34769 | | CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | 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)(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: <i>W. W. Everett, Jr.</i> W. W. Everett, Jr., Chairman | | | 2/1/2005 | | (407) 892-6146 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |