

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 23, 2007 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**



01132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>16-0961272</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**EVERETT, W. W., JR.  
1101 MASSACHUSETT AVE.  
ST CLOUD, FL 34769**

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE \_\_\_\_\_

**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	P EVERETT, W W III 1180 WALNUT GROVE RD BRIDGEPORT, NY 13030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EVERETT, CHERRY S 1101 MASSACHUSETTS AVE SAINT CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS EVERETT, ANNETTE M 1180 WALNUT GROVE RD BRIDGEPORT, NY 13030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT TRAVER, LEANNE E 68 PORT ROYAL SQUARE PORT ROYAL, VA 22535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT EVERETT, W W JR 1101 MASSACHUSETTS AVE ST CLOUDS, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000539327  
01/25/07-80024-003 158.75

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF GRADING OFFICER OR DIRECTOR

Date

Daytime Phone #

**W. W. Everett, Jr.**