

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 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**



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-0961272

Applied For
Not Applicable

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000831571
02/27/08-80025-009 158.75**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
EVERETT, W W III
1160 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
1160 WALNUT GROVE RD
BRIDGEPORT, NY 13030**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
TRAYER, 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

**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: **W. W. Everett, Jr., Chairman/Treasurer** 2/13/2008 (804) 742-5611