

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G85637

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: DEVICE ASSOCIATES CORPORATION OF NEW YORK, INC.

## Current Principal Place of Business:

% W. W. EVERETT, JR.  
1101 MASSACHUSETTS AVE  
ST. CLOUD, FL 34769

## New Principal Place of Business:

## Current Mailing Address:

% W. W. EVERETT, JR.  
1101 MASSACHUSETTS AVE  
ST. CLOUD, FL 34769

## New Mailing Address:

FEI Number: 16-0961272      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: EVERETT, W W III  
Address: 1160 WALNUT GROVE RD  
City-St-Zip: BRIDGEPORT, NY 13030

Title: S ( ) Delete  
Name: EVERETT, CHERRY S  
Address: 1101 MASSACHUSETTS AVE  
City-St-Zip: SAINT CLOUD, FL 34769

Title: VPS ( ) Delete  
Name: EVERETT, ANNETTE M  
Address: 1160 WALNUT GROVE RD  
City-St-Zip: BRIDGEPORT, NY 13030

Title: VPT ( ) Delete  
Name: TRAVER, LEANNE E  
Address: 68 PORT ROYAL SQUARE  
City-St-Zip: PORT ROYAL, VA 22535

Title: CT ( ) Delete  
Name: EVERETT, W W JR  
Address: 1101MASSACHUSETTS AVE  
City-St-Zip: ST CLOUDS, FL 34769

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEANNE E. TRAVER

VPT

02/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date