

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G85637

FILED  
Feb 15, 2012  
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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** LEANNE E. TRAVER

VPT

02/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date