## 2004 FOR PROFIT CORPORATION

## **FILED** Mar 01, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # J49290 1. Entity Name KENNETH DEVANE, INC. Principal Place of Business Mailing Address % KENNETH DEVANE % KENNETH DEVANE 912 NE 9TH ST. 912 NE 9TH ST. FORT MEADE, FL 33841 FORT MEADE, FL 33841 01072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2751876 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEVANE, KENNETH DO NOT WRITE 912 NE 9TH ST. FORT MEADE, FL 33841 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 UNDOON727**4**4 Trust Fund Contribution. Added to Fees 13702704-80007-011 OFFICERS AND DIRECTORS 10. DP TITLE DEVANE, KENNETH NAME 912 NE 9TH ST. STREET ADDRESS CTY-\$1-ZP FT. MEADE, FL ח TITLE DEVANE, SANDRA NAME STREET ADDRESS 912 NE 9TH ST CITY-ST-ZIP FT MEADE, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP - - IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: FLOYD K. DEVANE, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(863) 285-9503

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