


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # J49290
 1. Entity Name
KENNETH DEVANE, INC.



Principal Place of Business % KENNETH DEVANE 912 NE 9TH ST. FORT MEADE, FL 33841	Mailing Address % KENNETH DEVANE 912 NE 9TH ST. FORT MEADE, FL 33841
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01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2751876	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fes Required**

6. Name and Address of Current Registered Agent
 DEVANE, KENNETH
 912 NE 9TH ST.
 FORT MEADE, FL 33841

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	DP DEVANE, KENNETH 912 NE 9TH ST. FT. MEADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVANE, SANDRA 912 NE 9TH ST FT MEADE, FL
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 03/17/06-80019-022 150.00

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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: Floyd K. Devane, Jr. *Floyd K. Devane, Jr.* **3-1-06** **843 285 9503**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #