2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # K99040

1. Entity Name
DEVIER HOLDINGS, INC.

Principal Place of Business	Mailing Address
% SHEFFEY L DEVIER, III 881 SW 49TH TER PLANTATION, FL 33317	% SHEFFEY L DEVIER, III 881 SW 49TH TER PLANTATION, FL 33317

01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0130919
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEVIER, SHEFFEY L., III.
881 SW 49TH TER
PLANTATION, FL 33317

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000077131
03/05/04-80029-024 158.75

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DEVIER, SHEFFEY L., III
STREET ADDRESS	881 SW 49TH TER
CITY-ST-ZIP	PLANTATION, FL
TITLE	DST
NAME	GLASS, STEPHANIE
STREET ADDRESS	2402 SPARROW DR
CITY-ST-ZIP	ROUND ROCK, TX
TITLE	DV
NAME	DEVIER, TOM WILLIS
STREET ADDRESS	4212 MCKINLEY ST
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: [signature] PRESIDENT 1-10-04 954-587-1494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #