

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # K99040 1. Entity Name DEVIER HOLDINGS, INC.	
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Principal Place of Business % SHEFFEY L DEVER, III 881 SW 49TH TER PLANTATION, FL 33317	Mailing Address % SHEFFEY L DEVER, III 881 SW 49TH TER PLANTATION, FL 33317
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

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	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEVIER, SHEFFEY L., III 881 SW 49TH TER PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GLASS, STEPHANIE 2402 SPARROW DR ROUND ROCK, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DEVIER, TOM WILLIS 4212 MCKINLEY ST 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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**DO NOT WRITE
IN THIS SPACE**

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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	SHEFFEY L. DEVER, III PRESIDENT	1-21-05 Date	954-587-1494 Daytime Phone #
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