

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2008 08:00 AM**  
**Secretary of State**

|                                                                            |                                                                                   |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # K99040</b><br>1. Entity Name<br><b>DEVIER HOLDINGS, INC.</b> |  |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                                            |                                                                                                |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>% SHEFFEY L DEVIER, III<br/>881 SW 49TH TER<br/>PLANTATION, FL 33317</b> | Mailing Address<br><b>% SHEFFEY L DEVIER, III<br/>881 SW 49TH TER<br/>PLANTATION, FL 33317</b> |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



03122008 No Chg-P CR2E034 (11/05)

|                                                                      |                                                        |
|----------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0130919</b>                                   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b>              |

**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**

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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

04/09/08-80100-007 158.75

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
IN THIS SPACE**

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 lines empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]*, PRES. 3/12/08 954-587-1494