DOCUMENT # L35567 Entity Name DEVON INVESTMENT, INC. Principal Place of Business Mailing Address 2328 10TH AVE N. 2328 10TH AVE N. SUITE 401 SUITE 401 SUITE 401 LAKE WORTH, FL 33461 US DO NOT WRITE IN THIS SPACE BOD NOT WRITE IN THIS SPACE BOD NOT WRITE IN THIS SPACE STEIN, CHARLES 2328 10TH AVE N. SUITE 401 LAKE WORTH, FL 33461 SUITE 401 LAKE WORTH, FL 33461 SUITE 401 LAKE WORTH, FL 33461 SUITE 401 LAKE WORTH, FL 33461 SUITE 401 LAKE WORTH, FL 33461 SUITE 401 LAKE WORTH, FL 33461 SUITE 401 LAKE WORTH, FL 33461 SUITE 401 LAKE WORTH, FL 33461 SUITE 401 LAKE WORTH, FL 33461 SUITE 401 LAKE WORTH, FL 33461 SUITE 401 LAKE WORTH, FL 33461 SUITE 401 LAKE WORTH, FL 33461 SUITE 401 LAKE WORTH, FL 33461 SUITE 401 LAKE WORTH, FL 33461 SUITE 401 LAKE WORTH, FL 33461 SUITE 401 LAKE WORTH, FL 33461 SUITE 401 LAKE WORTH, FL 33461 SUITE 401 LAKE WORTH, FL 33461 SUITE 401 LAKE WORTH, FL 33444 ITHE SUMMUNIT FEE IS \$150.00 STEIN, CHARLES S02 NW 2ND AVE S02 NW 2ND AVE S02 NW 2ND AVE S02 NW 2ND AVE SUITE ADDRESS 802 NW 2ND AVE <th>sture required when reinstating) DATE</th>	sture required when reinstating) DATE
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6. Name and Address of Current Registered Agent STEIN, CHARLES 2328 10TH AVE N. SUITE 401 AKE WORTH, FL 33461 The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent. IGNATURE FILE NOWITI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. O. OFFICERS AND DIRECTORS TRE T AME STEIN, CHARLES 802 NW 2ND AVE. TY-S1-2P DELRAY BEACH, FL 33444 TRE P AME UDWIN, DENNIS	03092004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-2981469 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE or registered agent, or both, in the State of Florida. I am familiar with, and accept Bure required when reinstating) DATE \$5.00 May Be
STEIN, CHARLES 1238 10TH AVE N. SUITE 401 AKE WORTH, FL 33461 - The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent. IGNATURE	IN THIS SPACE or registered agent, or both, in the State of Florida. I am familiar with, and accept ature required when reimstating) DATE \$5.00 May Be
the obligations of registered agent. HGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sign FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. 0. 0. 0. 0. 0. 0. 0. 0. 0.	sture required when reinstating) DATE
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 2. I hereby certify that the information supplied with this filing does not qualify for the exemption s indicated on this report or supplemental report is true and accelete and that my signature shal of the corporation or the receiver or trustee enbowered to execute this report as required by C changed, or on an attachment with an address, with all other like empowered. SIGNATURE: 	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director hapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 4