

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000070282

FILED
Feb 14, 2005
Secretary of State

Entity Name: DEVCO TYDE, INC.

Current Principal Place of Business:

PO BOX 61954
FORT MYERS, FL 33906

New Principal Place of Business:

Current Mailing Address:

P O BOX 62126
FT MYERS, FL 33906

New Mailing Address:

FEI Number: 65-1027344 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCHEWKA, RICHARD M
1601 JACKSON STREET
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GALLAGHER, JAMES G
Address: 812 BUTTONWOOD RD
City-St-Zip: N PALM BEACH, FL 33408

Title: S () Delete
Name: SMILEY, JOHN N SEC
Address: 368 NEW YORK DRIVE
City-St-Zip: FORT MYERS, FL 33905

Title: P () Delete
Name: VACCARO, TROY T PRESIDE
Address: 1554 BAMBOO CIRCLE
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TROY T. VACCARO

P

02/14/2005

Electronic Signature of Signing Officer or Director

_____ Date