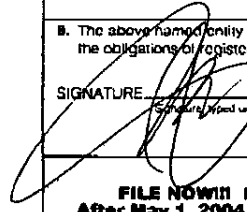
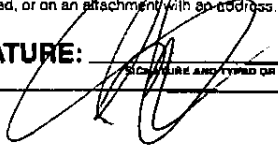


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90212 001 ***300.00

DOCUMENT # P00000117973			
1. Entity Name DEVIN & BROTHERS, INC.			
Principal Place of Business 2771 MONUMENT ROAD SUITE #29 JACKSONVILLE, FL 32225		Mailing Address 2771 MONUMENT ROAD SUITE #29 JACKSONVILLE, FL 32225	
2. Principal Place of Business 2771-29 MONUMENT RD		3. Mailing Address 2771-29 MONUMENT RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32225	Country USA	Zip 32225	Country USA
03232004 Chg-P CR2E034 (10/08)		4. FEI Number 59-3694525	
		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fees Required	
6. Name and Address of Current Registered Agent SETIADY, GANDY 2771 MONUMENT ROAD SUITE #29 JACKSONVILLE, FL 32225		7. Name and Address of New Registered Agent Name SETIADY, GANDY Street Address (P.O. Box Number is Not Acceptable) 2771-29 MONUMENT RD City Jacksonville FL Zip Code 32225	
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 3/23/04	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SETIADY, GANDY 4533 PRINCESS LABETH COURT JACKSONVILLE, FL 32258 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SETIADY, GANDY 2771-29 MONUMENT RD JACKSONVILLE, FL 32225 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SETIADY, AGNES 4533 PRINCESS LABETH COURT JACKSONVILLE, FL 32258 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SETIADY, AGNES 2771-29 MONUMENT RD JACKSONVILLE, FL 32225 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Date 3/23/04 (904) 646-4941	