


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90457 024 ***150.00

DOCUMENT # P01000015386 1. Entity Name DEVON HOUSE BRIDAL SERVICES, INC.					
Principal Place of Business 536 W. CHURCH STREET ORLANDO, FL 32805			Mailing Address 3179 FOXWOOD DR APOPKA, FL 32703		
2. Principal Place of Business <i>3179 Foxwood Dr</i> Suite, Apt. #, etc. <i>APOPKA, FL</i> City & State		3. Mailing Address Suite, Apt. #, etc. City & State			
Zip 32703		Country		4. FEI Number 59-3715818	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent JONES, MARCIA J 536 W. CHURCH STREET ORLANDO, FL 32805		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>290 N.W. 183rd Ter.</i> <i>Miami, FL 33167</i> City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004, Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD JONES, MARCIA J 536 W. CHURCH STREET ORLANDO, FL 32805		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>290 N.W. 183rd Ter.</i> <i>Miami, FL 33167</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHAMBERS, LISA M 3179 FOXWOOD DR APOPKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>15302 AMBER BEAM BLVD.</i> <i>WINTER GARDEN, FL 34787</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBINSON, ROCHELLE 7616 COUNTRY RUN PARK ORLANDO, FL 32818		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHAMBERS, EGBERT R 3179 FOXWOOD DR APOPKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TREASURER	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/21/04 Daytime Phone # _____		