

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000082816

Entity Name: DEVON'S ENTERPRISES, INC.

FILED  
Jan 16, 2004  
Secretary of State

**Current Principal Place of Business:**

5100 TYLER ST  
HOLLYWOOD HILLS, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

5100 TYLER ST  
HOLLYWOOD HILLS, FL 33021

**New Mailing Address:**

FEI Number: 65-1134134

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCINTOSH, MICHAEL  
5100 TYLER ST  
HOLLYWOOD HILLS, FL 33021

**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: PT ( ) Delete  
Name: MCINTOSH, MICHAEL  
Address: 5100 TYLER ST  
City-St-Zip: HOLLYWOOD HILLS, FL 33021

Title: VS ( ) Delete  
Name: MCINTOSH, KAREN  
Address: 5100 TYLER ST  
City-St-Zip: HOLLYWOOD HILLS, FL 33021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MICHAEL MCINTOSH

PT

01/16/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date