## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000093281			FILED	
THE DEVLIN GROUP, INC.			07 MAY 15 PM 3: 15	
Principal Place of Business 1548 THE GREEN WAY, SUITE 3 JACKSONVILLE, FL 32250	Mailing Address 1548 THE GREEN WAY, JACKSONVILLE, FL 322		Int. Total OF STATE ALL TOTASSEE, FLORIDA	
	3 Mailing Address			
The Devlin Group, Inc.	The Devlin Group	o. Inc.		
1548 The Greens Way, Suite Jacksonville Beach, FL 3225	6 1548 The Greens	Way, Suite	50 59-3747886 Not Applicable \$8.75 Additional	
6. Name and Address of Cur	rent Registered Agent		5. Certificate of Status Desired Fee Required	
DEVLIN, WALLACE R JR. 1548 THE GREEN WAY, SUITE 3 JACKSONVILLE, FL 32250		1548 T	The Greens Way, Suite 6 onville Beach, FL 32250	
8. The above named entity submits this statem the obligations of registered agent SIGNATURE  Signature Typed or printed name of registered parts of the control of the cont	agant and title if applicable. (NOTE  9. Election Campaig	Registered Agent signature	r registered agent, or both, in the State of Florida. I am familiar with, and accept the required when reinstating)  \$5.00 May Be Added to Fees	
-	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME DEVLIN, WALLACE R JR. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32250	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wallace R. Devlin, Jr.  1548 The Greens Way, Suite 6  Jacksonville Beach, FL 32250	
NAME MCCUE, EDWARD R JR STREET ADDRESS CITY-S1-ZIP JACKSONVILLE BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Edward R. McCue, Jr. 1548 The Greens Way, Suite 6  Jacksonville Beach, FL 32250	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	□ Delete	TIILE NAME STREET ADDRESS CITY-ST-ZIP	U Change ☐ Additio 200103530172 05/30/0701032013 **350.00	
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TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	
<ol> <li>I hereby certify that the information supplied indicated on this report or supplemental re- of the corporation or the receiver or trusted changed, or on an attachment with a raddr</li> </ol>	twith this filling does not qualify for fort is true and accurate and that me empowered to execute this report a ess, with all other like empowered.	the exemptions co y signature shall ha as required by Chap	contained in Chapter 119. 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 apter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if	
SIGNATURE:	D OR PRINTED NAME OF SIGNING OFFICER O	DR DIRECTOR	4/9/07 904. S43. 002 φ Daytime Phone 3	