

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000008001

Entity Name: DEVON'S AUTOMOTIVE, INC.

FILED
Jan 22, 2007
Secretary of State

Current Principal Place of Business:

138 TOMAHAWK DR.
INDIAN HARBOUR BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

138 TOMAHAWK DR.
INDIAN HARBOUR BEACH, FL 32937

New Mailing Address:

FEI Number: 26-0037297 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHILLINGER, CHARLES A ESQ
1329 BEDFORD DR., STE. 1
MELBOURNE, FL 32940 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: P () Delete
Name: CULP, DEVON
Address: 3900 TURTLE MOUND RD
City-St-Zip: MELBOURNE, FL 32934

Title: VP () Delete
Name: CULP, TAMMY
Address: 3900 TURTLE MOUND RD
City-St-Zip: MELBOURNE, FL 32934

Title: S () Delete
Name: CULP, BARRY
Address: 896 SEVEN GABLES CIR
City-St-Zip: S.E. PALM BAY, FL 32909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CULP, DEVON C PRES.
Address: 3900 TURTLE MOUND RD
City-St-Zip: MELBOURNE, FL 32934

Title: VP (X) Change () Addition
Name: CULP, TAMMY E VP
Address: 3900 TURTLE MOUND RD
City-St-Zip: MELBOURNE, FL 32934

Title: S (X) Change () Addition
Name: CULP, BARRY W S
Address: 896 SEVEN GABLES CIR
City-St-Zip: S.E. PALM BAY, FL 32909

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DEVON CULP

PRES

01/22/2007

Electronic Signature of Signing Officer or Director

_____ Date