


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # P02000064831</b>   |  |   |
| 1. Entity Name<br><b>DE VORE ENTERPRISES, INC.</b>   |  |  |
| Principal Place of Business<br><b>1362 EMERALD DR<br/>KISSIMMEE, FL 34744</b>  | Mailing Address<br><b>1362 EMERALD DR<br/>KISSIMMEE, FL 34744</b>          |  |
| <b>DO NOT WRITE IN THIS SPACE</b>  |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DE VORE, DAVID L<br/>1362 EMERALD DR<br/>KISSIMMEE, FL 34744</b>   |  | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when revisiting)</small> DATE _____   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
| 10. OFFICERS AND DIRECTORS   |  | <b>U000000942085<br/>05/29/08-80005-010 150.00</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>DE VORE, DAVID L<br/>1362 EMERALD DR<br/>KISSIMMEE, FL 34744</b>  | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V<br/>DE VORE, MURIEL L<br/>1362 EMERALD DR<br/>KISSIMMEE, FL 34744</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>David L. DeVore</i> <b>David L. DeVore</b>   |  | Date: <b>4/29/08</b> Daytime Phone #: <b>407-932-1176</b>  |