

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000115007</b>	
1. Entity Name <b>DEVERE J. VANOCHTEN JR. INC.</b>	

Principal Place of Business <b>6010 CORSON AVE NEW PORT RICHEY, FL 34653</b>	Mailing Address <b>6010 CORSON AVE NEW PORT RICHEY, FL 34653</b>
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DO NOT WRITE IN THIS SPACE



02102007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>80-0080458</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**VANOCHTEN, REVA S  
6010 CORSON AVE  
NEW PORT RICHEY, FL 34653**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	000000639405 02/28/07-80024-023 150.00
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10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<b>VANOCHTEN, DEVERE J JR</b>
NAME	<b>6010 CORSON AVE</b>
STREET ADDRESS	<b>NEW PORT RICHEY, FL 34653</b>
CITY-ST-ZIP	
TITLE <b>V</b>	<b>VANOCHTEN, JASON</b>
NAME	<b>11954 LAKE WOOD DR</b>
STREET ADDRESS	<b>HUDSON, FL 34669</b>
CITY-ST-ZIP	
TITLE <b>S</b>	<b>VANOCHTEN, REVA S</b>
NAME	<b>6010 CORSON AVE</b>
STREET ADDRESS	<b>NEW PORT RICHEY, FL 34653</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** Reva S Vanchten **2/23/07 727 848 7346**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #