

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90022 043 \*\*\*150.00

<b>DOCUMENT # P03000117880</b>					
<b>1. Entity Name</b> DEVTEC, INC.					
<b>Principal Place of Business</b> 2218 MONAGHAN DR TALLAHASSEE, FL 32309			<b>Mailing Address</b> 2218 MONAGHAN DR TALLAHASSEE, FL 32309		
<b>2. Principal Place of Business</b> 3025 Nathan Lane Suite, Apt. #, etc.		<b>3. Mailing Address</b> 3025 Nathan Lane Suite, Apt. #, etc.		40008158 	
<b>City &amp; State</b> Tallahassee, FL Zip 32308 Country US		<b>City &amp; State</b> Tallahassee, FL Zip 32308 Country US		<b>4. FEI Number</b> 54-2134469	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> JARRETT, BRADLEY 2218 MONAGHAN DR TALLAHASSEE, FL 32309			<b>7. Name and Address of New Registered Agent</b> Name: Brad Jarrett Street Address (P.O. Box Number is Not Acceptable): 1325 Idlewild Dr. City: Tallahassee FL Zip Code: 32311		
<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.</b> SIGNATURE: <u>Brad Jarrett</u> DATE: <u>01/16/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JARRETT, JAMES B 2218 MONAGHAN DRIVE TALLAHASSEE, FL 32308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P James B. Jarrett 1325 Idlewild Dr. Tallahassee, FL 32311	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
<b>SIGNATURE:</b> <u>Brad Jarrett</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01/16/05 (850) 531-0087 <small>Date Daytime Phone #</small>		