

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90002 025 ***158.75

DOCUMENT # P04000093464

1. Entity Name
DEVONSHIRE MORTGAGE, INC.



Principal Place of Business
**8156 ANDOVER WAY
MELBOURNE, FL 32940**

Mailing Address
**8156 ANDOVER WAY
MELBOURNE, FL 32940**

30060976



2. Principal Place of Business

3. Mailing Address

6767 N. Wickham Rd.

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 400

07222005

Chg-P

CR2E034 (10/03)

City & State

City & State

Melbourne, FL

4. FEI Number

Applied For

20-1281822

☒ Not Applicable

Zip

Country

Zip

Country

32940

USA

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDERSON, J. PATRICK
930 S HARBOR CITY BLVD STE 505
MELBOURNE, FL 32901**

Name

NA = Same

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Bonnie Hoffman, Director

7/22/05

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
HOFFMAN, BONNIE
8156 ANDOVER WAY
MELBOURNE, FL 32940**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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.

SIGNATURE:

Bonnie Hoffman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/05

Date

321-543-9910

Daytime Phone #