

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90033 026 ***150.00

DOCUMENT # P05000139304

1. Entity Name

WILLIAM F. MCDEVITT INC.



Principal Place of Business

~~359 CHENEY HWY 50~~ 2093 Garden St.
~~CLOVER LA #9 EAST~~
TITUSVILLE FL 32780

Mailing Address

P O BOX 997
TITUSVILLE FL 32781



2. Principal Place of Business - No P.O. Box #

2093 Garden St.

3. Mailing Address

P.O. Box 997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Titusville, FL

City & State

Titusville, FL

4. FEI Number

59-1358905

Applied For

Not Applicable

Zip

32796

Country

USA

Zip

32781

Country

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

MCDEVITT, WILLIAM

~~359 CHENEY HWY 50~~ 2093 Garden St.
~~CLOVER LN #9 EAST~~
TITUSVILLE FL 32780

Name

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

William F. McDevitt

Signature typed or printed name of registered agent and state (if applicable)

(NOTE: Registered Agent signature required when not signing)

02/10/08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
MCDEVITT, WILLIAM
2093 Garden St.,
~~359 CHENEY HWY 50 CLOVER LA #9 EAST~~
TITUSVILLE FL 32780 32796

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

William F. McDevitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/08

Date

(321) 289-0622

Titusville, FL

Daytime Phone #

32781