

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

04-17-2007 90057 038 ***150.00

DOCUMENT # P05000161543																																																																																																																																			
1. Entity Name MIKE DEVINE RESIDENTIAL CONSTRUCTION, INC.																																																																																																																																			
Principal Place of Business 4363 1ST AVE, SOUTH ST PETERSBURG FL 33711			Mailing Address 4363 1ST AVE, SOUTH ST PETERSBURG FL 33711																																																																																																																																
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State		City & State		4. FEI Number 59 3827953																																																																																																																															
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent DEVINE, MIKE 4363 1ST AVE., SOUTH ST PEERSBURG FL 33711				7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td colspan="5" style="padding: 2px;">Mike Devine</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="5" style="padding: 2px;">4363 1st Ave S</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">St Petersburg</td> <td style="padding: 2px;">FL</td> <td style="padding: 2px;">Zip Code</td> <td colspan="2" style="padding: 2px;">33711</td> </tr> </table>		Name	Mike Devine					Street Address (P.O. Box Number is Not Acceptable)	4363 1st Ave S					City	St Petersburg	FL	Zip Code	33711																																																																																																													
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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 <u>Mike Devine</u> <u>Mike Devine</u> <u>4-09-07</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees Trust Fund Contribution:																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">PD</td> <td style="padding: 2px;">☐ Delete</td> <td style="padding: 2px;">TITLE</td> <td colspan="2" style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">DEVINE, MIKE</td> <td></td> <td style="padding: 2px;">NAME</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">4363 1ST AVE., SOUTH</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">CITY- ST- ZIP</td> <td style="padding: 2px;">ST PETERSBURG FL 33711</td> <td></td> <td style="padding: 2px;">CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td>☐ Delete</td> <td style="padding: 2px;">TITLE</td> <td colspan="2">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">CITY- ST- ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td>☐ Delete</td> <td style="padding: 2px;">TITLE</td> <td colspan="2">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">CITY- ST- ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td>☐ Delete</td> <td style="padding: 2px;">TITLE</td> <td colspan="2">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">CITY- ST- ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td>☐ Delete</td> <td style="padding: 2px;">TITLE</td> <td colspan="2">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">CITY- ST- ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY- ST- ZIP</td> <td colspan="2"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition		NAME	DEVINE, MIKE		NAME			STREET ADDRESS	4363 1ST AVE., SOUTH		STREET ADDRESS			CITY- ST- ZIP	ST PETERSBURG FL 33711		CITY- ST- ZIP			TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			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 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: <u>Mike Devine</u> <u>Mike Devine</u> <u>4-09-07</u> <u>727-239-9761</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																			

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