

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90383 009 ***150.00

DOCUMENT # P06000042932

1. Entity Name
DEVINEY ENTERPRISES, INC



Principal Place of Business
**4002 CONFEDERATE POINT ROAD
JACKSONVILLE, FL 32210 US**

Mailing Address
**4002 CONFEDERATE POINT ROAD
JACKSONVILLE, FL 32210 US**

2. Principal Place of Business - No P.O. Box #
1855-5A Cassat Ave.
Suite, Apt. #, etc.

3. Mailing Address
1855-5A Cassat Ave.
Suite, Apt. #, etc.

City & State
Jacksonville, FL
Zip
32210
Country

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32210
Country

01222008 Chg-P CR2E034 (12/06)

4. FEI Number
20-4576503

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DEVINEY, ANNE M
4002 CONFEDERATE POINT ROAD
JACKSONVILLE, FL 32210**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1855-5A Cassat Ave.
City **Jacksonville** FL Zip Code **32210**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME **ST DEVINEY, ANNE M** ☐ Delete
STREET ADDRESS **4002 CONFEDERATE POINT RD**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE
NAME **P DEVINEY, MICHAEL T** ☐ Delete
STREET ADDRESS **4002 CONFEDERATE POINT RD**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **1855-5A Cassat Ave.** ☒ Change ☐ Addition
STREET ADDRESS **Jacksonville, FL 32210**
CITY-ST-ZIP

TITLE
NAME **1855-5A Cassat Ave.** ☒ Change ☐ Addition
STREET ADDRESS **Jacksonville, FL 32210**
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 **Anne M DeViney** Sec/Treasurer 01/30/08 904-384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **5117**