

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90015 029 ***150.00

DOCUMENT # P93000016400

1. Entity Name

HILL/DEVANY ENTERPRISES, INC.



Principal Place of Business

21 W. MAIN STREET
AVON PARK FL 33825
US

Mailing Address

2206 SUNRISE DR
SEBRING FL 33872
US

2. Principal Place of Business

3. Mailing Address

21 W. MAIN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Avon Park Florida

Zip

Country

33825

Country

FLORIDA

4. FEI Number

65-0396739

Applied For

Not Applicable

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

DEVANY, JOHN F
2206 SUNRISE DR
SEBRING FL 33870

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE	P/D	<input type="checkbox"/> Delete
NAME	DARLYNE M. DEVANY	
STREET ADDRESS	2206 SUNRISE DR	
CITY-ST-ZIP	SUNRISE FL 33872	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	JOHN HILL	
STREET ADDRESS	21 W. MAIN ST	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	HILL, APRIL	
STREET ADDRESS	21 W MAIN ST	
CITY-ST-ZIP	AVON PARK FL	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	DEVANY, JOHN F	
STREET ADDRESS	2206 SUNRISE DR	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-3104 863-453-560