2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P93000016400

1. Entity Name

HILL/DEVANY ENTERPRISES, INC.



FILED Apr 11, 2008 08:00 Al Secretary of State

Principal Place of Business

21 W. MAIN STREET AVON PARK, FL 33825

DEVANY, JOHN F

2206 SUNRISE DR SEBRING, FL 33870

Mailing Address

21 W. MAIN STREET

AVON PARK, FL 33825

US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

02282008

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0396739

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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 The above named entity submits this statement for the statement for the	surpose of changing its registered office of registered agent, or bol	n, in the State of Piorida. Tarri lamiliar with, and accept
SIGNATURE	il applicable (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 \$5.00 May Be Trust Fund Contribution. Added to Fees	U00000891399 04/23/08-80023-022 150.00

10.	OFFICERS AND DIRECTORS		
TITLE	P/D .		
NAME	DARLYNE M. DEVANY		
STREET ADDRESS	2206 SUNRISE DR		
CITY-ST-ZIP	SUNRISE, FL 33872		
TITLE	P/D		
NAME	JOHN HILL		
STREET ADDRESS	21 W. MAIN ST		
CITY-ST-ZIP	AVON PARK, FL 33825		
TITLE	S/D	-	
NAME	HILL, APRIL		
STREET ADDRESS	21 W MAIN ST		
CITY-ST-ZIP	AVON PARK, FL		

DEVANY, JOHN F

2206 SUNRISE DR

SEBRING, FL 33872

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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 attachmept with an address, with advother like empowered.

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

G OFFICER OR DIRECTOR

Daytime Phone #