

2004 FOR PROFIT CORPORATION ANNUAL REPORT


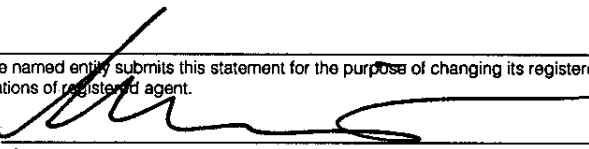
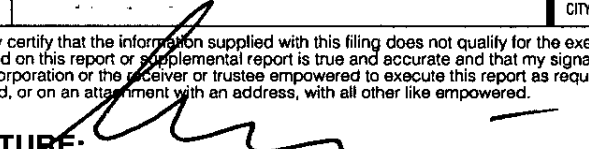
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Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90208 035 ***150.00

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01062004 Chg-P CR2E034 (10/03)

DOCUMENT # P93000022966					
1. Entity Name BLUE DEVIL CORP.					
Principal Place of Business 28059 US HWY 19 N SUITE 100 CLEARWATER, FL 33761 US			Mailing Address 28059 US HWY 19 N SUITE 100 CLEARWATER, FL 33761 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3175228	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KIMPTON, WILLIAM J ESQ. 28090 US HIGHWAY 19N SUITE 100 CLEARWATER, FL 33761			Name Street Address (P.O. Box Number is Not Acceptable) 28059 US Highway 19 North, Suite 100 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:  DATE: 4/8/04					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
WILLIAM J. KIMPTON					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIMPTON, WILLIAM J	NAME			
STREET ADDRESS	28059 U.S. 19 NORTH, #100	STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33761	CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOOVER, VIN	NAME			
STREET ADDRESS	101 23RD STREET	STREET ADDRESS	345 Bayshore Blvd		
CITY-ST-ZIP	CORBIN, KY 40701	CITY-ST-ZIP	Tampa, FL 33606		
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EGNEW, JAMES	NAME			
STREET ADDRESS	748 BROADWAY, SUITE 202	STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN, FL 34698	CITY-ST-ZIP			
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GEHRING, RICHARD	NAME			
STREET ADDRESS	748 BROADWAY, SUITE 202	STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN, FL 34698	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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:  DATE: 4/8/04 (727) 791-0063					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WILLIAM J. KIMPTON					