2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Feb 20, 2004 08:00 AM Secretary of State DOCUMENT # P95000079387 DEVNEY PROPERTY MANAGEMENT, INC. Principal Place of Business Mailing Address 3708 KINGSFORD PLACE VALRICO FL 33594 3708 KINGSFORD PLACE VALRICO FL 33594 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For **NO-T APPLICABLE** Not Applicable Ζip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEVNEY, ALAN 3708 KINGSFORD PLACE VALRICO FL 33594 Street Address (P.O. Box Number is Not Acceptable) Zip Code City 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. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PΩ TITLE Change ☐ Addition TITLE Delete U00000053895 DEVNEY, ALAN NAME MAME 02/23/04-80018-003 150.00 3708 KINGSFORD PLACE STREET ADDRESS STREET ADDRESS VALRICO FL 33594 CITY-ST-ZIP CITY-ST-ZIP VDT TITLE ☐ Delete TITLE Change | ☐ Addition DEVNEY, MARY NAME NAME STREET ADDRESS 3708 KINGSFORD PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 agriculture of the corporation 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 agriculture.

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