

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90091 038 \*\*\*150.00

**DOCUMENT # P96000027517**

1. Entity Name

DEVONSHIRE INVESTMENTS, INC.



Principal Place of Business

1936 BRENGLE AVE.  
ORLANDO FL 32808  
US

Mailing Address

1936 BRENGLE AVE.  
ORLANDO FL 32808  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3369568

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

FOSTER, JACK  
312 ORTMAN DR  
ORLANDO FL 32805

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete  
NAME FOSTER, JACK L  
STREET ADDRESS 312 ORTMANN DRIVE  
CITY-ST-ZIP ORLANDO FL 32805

TITLE PD ☐ Change ☒ Addition  
NAME FOSTER DAVID M  
STREET ADDRESS 1936 BRENGLE AVE  
CITY-ST-ZIP ORLANDO FL 32808

TITLE STD ☒ Delete  
NAME HOEQUIST, CHARLES E  
STREET ADDRESS 3101 MAGUIRE BLVD 101  
CITY-ST-ZIP ORLANDO FL

TITLE S ☒ Change ☐ Addition  
NAME HOEQUIST CHARLES E.  
STREET ADDRESS 3113 LAWTON RD. SUITE 225  
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition  
NAME FOSTER KATHLEEN  
STREET ADDRESS 1936 BRENGLE AVE  
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Kathleen R Foster*

KATHLEEN R. FOSTER

Date

3/17/04

Daytime Phone #

407-293-4770