

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000059308

1. Entity Name
DEVCON, INC.



FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90238 010 ***150.00

Principal Place of Business
**9050 LAS MADERAS DR
UNIT #202
BONITA SPRINGS, FL 34135 US**

Mailing Address
**9050 LAS MADERAS DR
UNIT #202
BONITA SPRINGS, FL 34135 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3465185

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

**SCHRECK, THOMAS C
9050 LAS MADERAS DR
UNIT #202
BONITA SPRINGS, FL 34135**

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**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
SCHRECK, THOMAS C
9050 LAS MADERAS DR #202
BONITA SPRINGS, FL 34135 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
SCHRECK, SALLY B
9050 LAS MADERAS DR #202
BONITA SPRINGS, FL 34135 ☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 another I am empowered.

SIGNATURE: *Thomas C Schreck* **THOMAS C SCHRECK** **23 April 04 238-948-3769**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR