

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000098175

Entity Name: DEVONIA STUD, INC.

FILED  
Mar 29, 2006  
Secretary of State

## Current Principal Place of Business:

TANGLEWOOD, THE CUTTING, LLANFOIST  
ABERGAVERNYY MON SOUTH WALES, XX NP7 9NX

## New Principal Place of Business:

75 THE AVENUE, GOVILON ABERGAVERNYY  
MONMOUTHSHIRE, SOUTH WALES, XX NP7 9PR

## Current Mailing Address:

TANGLEWOOD, THE CUTTING, LLANFOIST  
ABERGAVERNYY MON SOUTH WALES, XX NP7 9NX

## New Mailing Address:

550 NE 25TH AVENUE  
OCALA, FL 34470

FEI Number: 59-3480930

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLLIER, DARYL  
550 NE 25 AVE  
OCALA, FL 34470 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: MILLS, BRIAN G  
Address: 4580 N.W. COUNTY ROAD 329  
City-St-Zip: REDDICK, FL 32686

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: MILLS, VALERIE A  
Address: 75 THE AVENUE, GOVILON ABERGAVERNYY  
City-St-Zip: MONMOUTHSHIRE, SOUTH WALES, XX NP7 9PR

Title: VP ( ) Change (X) Addition  
Name: MILLS, GARY C  
Address: 75 THE AVENUE, GOVILON ABERGAVERNYY  
City-St-Zip: MONMOUTHSHIRE, SOUTH WALES, XX NP7 9PR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALERIE A MILLS

PRES

03/29/2006

Electronic Signature of Signing Officer or Director

Date