

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000098175

Entity Name: DEVONIA STUD, INC.

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

41 WOODLAND CRESCENT, LLANFOIST  
ABERGAVENNY  
MONMOUTHSHIRE, XX NP7 9LY UK

**New Principal Place of Business:**

**Current Mailing Address:**

550 NE 25TH AVENUE  
OCALA, FL 34470

**New Mailing Address:**

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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MILLS, VALERIE A  
Address: 41 WOODLAND CRESCENT, LLANFOIST  
City-St-Zip: MONMOUTHSHIRE. S. WALES, XX NP7 9LY UK

Title: VP  
Name: MILLS, GARY C  
Address: OAKROYD, GRANGE ROAD, CWMBRAN,  
City-St-Zip: SOUTH WALES, XX NP44 3LA UK

I hereby 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 all other like empowered.

SIGNATURE: GARY MILLS

VP

02/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date