2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000009111

1. Entity Name

DEVLIN PROPERTIES, INC.



Principal Place of Business

1548 THE GREENS WAY

CHITE 3

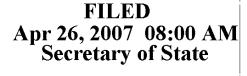
JACKSONVILLE BEACH, FL 32250

Mailing Address

1548 THE GREENS WAY

SUITE 3

JACKSONVILLE BEACH, FL 32250





DO NOT WRITE IN THIS SPACE

 04122007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DEVLIN, WALLACE R

1548 THE GREENS WAY SUITE 3 JACKSONVILLE BEACH, FL 32250

DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

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	applicable. (NO	TE: Registered Agen	t signature	required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.					\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVLIN, WALLACE R 1548 THE GREENS WAY, SUITE 3 JACKSONVILLE BEACH, FL 32250			•		1100000000101100		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						U00000734128 05/09/07-80112-021 150.00		
TITLE NAME STREET ADDRESS GITY-ST-ZIP					DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-SI-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.								

OFICER OR DIRECTOR