2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000044788

1. Entity Name

DEVWORTH PROPERTIES, INC.

Principal Place of Business	Mailing Address
11940 LAKE BUTLER BOULEVARD WINDERMERE FL 34786	P.O. BOX 1260 WINDERMERE FL 34786

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address	
11923 LK. BUTLER BLVD.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 59-3513058	Applied For / Not Applicable
WINDERMERE, FL		
Zip 34786	Country USA	Zip	Country	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
NUTT II, GORDAN S 7630 TORINO COURT ORLANDO FL 32835	Name NUTT II, GORDON S. Street Address (P.O. Box Number is Not Acceptable) 11923 LAKE BUTLER BLVD. City WINDERMERE FL Zip Code 34786

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

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 D NAME NUTT, GORDON S II STREET ADDRESS 7630 TORINO COURT CITY-ST-ZIP ORLANDO FL 32835	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 11923 LAKE BUTLER BLVD. WINDERMERE, FL 34786	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 all other like empowered.

SIGNATURE: _____ PRESIDENT/DIRECTOR FEB. 5, 2004 407-620-3141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #