


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90008 013 ***150.00

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| DOCUMENT # S37011 | |  |
| 1. Entity Name DEVCO II CORPORATION | | |
| Principal Place of Business 15436 N FLORIDA AVE SUITE 200 TAMPA, FL 33613 | Mailing Address POB 271772 TAMPA, FL 33688 | |



509 GUI SANDO DE AVILA
TAMPA, FL 33613

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TAMPA, FL 33613

01142004 Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3058641 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent STRALEY, MARK K. 220 S FRANKLIN ST TAMPA, FL 33602 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100 S. ASHLEY DR SUITE 1500 City TAMPA FL Zip Code 33602 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BUCK, DON 15436 N. FLORIDA AVE TAMPA, FL <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SIERRA, J. ROBERT 15436 N. FLORIDA AVE TAMPA, FL <input type="checkbox"/> Delete | 509 GUI SANDO DE AVILA TAMPA, FL 33613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VDS SIERRA, JOHN ROBERT JR 15436 N. FLORIDA AVE TAMPA, FL <input type="checkbox"/> Delete | CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT GRAY, THOMAS 15436 N. FLORIDA AVE TAMPA, FL <input type="checkbox"/> Delete | CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: Thomas H. Gray - Thomas H. Gray 1/20/04 813-963-5856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #