

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90020 037 ***150.00

DOCUMENT # S37011

1. Entity Name
DEVCO II CORPORATION



Principal Place of Business
**509 GUI SANDO DE AVILA
TAMPA, FL 33613**

Mailing Address
**509 GUI SANDO DE AVILA
TAMPA, FL 33613**

40018665



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02012005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3058641

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STRALEY, MARK K.
100 S. ASHLEY DR
SUITE 1500
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name **DONALD A. BUCK**

Street Address (P.O. Box Number is Not Acceptable)
509 GUI SANDO DE AVILA

City **TAMPA**

FL

Zip Code
33613

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)

2-2-05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BUCK, DON
STREET ADDRESS 509 GUI SANDO DE AVILA
CITY-ST-ZIP TAMPA, FL 33613

TITLE D ☐ Delete
NAME SIERRA, J. ROBERT
STREET ADDRESS 509 GUI SANDO DE AVILA
CITY-ST-ZIP TAMPA, FL 33613

TITLE VDS ☐ Delete
NAME SIERRA, JOHN ROBERT JR
STREET ADDRESS 509 GUI SANDO DE AVILA
CITY-ST-ZIP TAMPA, FL 33613

TITLE VT ☐ Delete
NAME GRAY, THOMAS
STREET ADDRESS 509 GUI SANDO DE AVILA
CITY-ST-ZIP TAMPA, FL 33613

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #