

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V27186

FILED  
Apr 11, 2009  
Secretary of State

Entity Name: DEVILLE CUSTOM HOMES, INC.

**Current Principal Place of Business:**

6300 NORTH WICKMAN RD  
STE 130  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

6300 NORTH WICKMAN RD  
STE 130  
MELBOURNE, FL 32940

**New Mailing Address:**

FEI Number: 59-3114240

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIGUORI, GENE  
2550 HARLOCK RD  
MELBOURNE, FL 32934 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LIGUORI, GENE  
Address: 2550 HARLOCK RD  
City-St-Zip: MELBOURNE, FL 32934

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GENE LIGUORI

P

04/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date