I hereby certify that the information indicated on this report or supplemental report is true and acc	curate 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 ex	ecute this report as required by Chapter 607, Florida	Statutes; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE: DEVON CUI P	PRES	01/21/2015

Officer/Director Detail :					
Title	Р	Title	VP		
Name	CULP, DEVON CPRES.	Name	CULP, BARRY WVP		
Address	3900 TURTLE MOUND RD	Address	896 SEVEN GABLES CIR		
City-State-Zip:	MELBOURNE FL 32934	City-State-Zip:	S.E. PALM BAY FL 32909		

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:

SCHILLINGER, CHARLES AESQ 1329 BEDFORD DR., STE. 1 MELBOURNE, FL 32940 US

DOCUMENT# P0200008001

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: DEVON'S AUTOMOTIVE, INC.

Current Principal Place of Business:

138 TOMAHAWK DR. INDIAN HARBOUR BEACH, FL 32937

Current Mailing Address:

138 TOMAHAWK DR. INDIAN HARBOUR BEACH, FL 32937 US

FEI Number: 26-0037297

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

FILED Jan 21, 2015 Secretary of State CC0781637764

Date

Certificate of Status Desired: No

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: DEVON CULP