

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000032261

**Entity Name:** JERRY DEVOE, INC.

**Current Principal Place of Business:**

209 W. VIOLET ST.  
TAMPA, FL 33603

**Current Mailing Address:**

209 W. VIOLET ST.  
TAMPA, FL 33603 US

**FEI Number:** 20-0710520

**Certificate of Status Desired:** No

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

DEVOE, DEBORAH K  
209 W. VIOLET ST.  
TAMPA, FL 33603 US

*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

**Officer/Director Detail :**

|                 |                   |                 |                   |
|-----------------|-------------------|-----------------|-------------------|
| Title           | PD                | Title           | STD               |
| Name            | DEVOE, JERRY      | Name            | DEVOE, DEBORAH K  |
| Address         | 209 W. VIOLET ST. | Address         | 209 W. VIOLET ST. |
| City-State-Zip: | TAMPA FL 33603    | City-State-Zip: | TAMPA FL 33603    |

*I hereby 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 all other like empowered.*

**SIGNATURE:** DEBORAH DEVOE

**SECRETARY**

**02/21/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date