
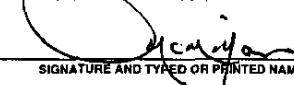


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90034 036 ***158.75

DOCUMENT # 167513			
1. Entity Name DEVCON INTERNATIONAL CORP.			
Principal Place of Business 1350 E NEWPORT CENTER DRIVE SUITE 201 DEERFIELD BEACH, FL 33442-7779		Mailing Address 1350 E NEWPORT CENTER DRIVE SUITE 201 DEERFIELD BEACH, FL 33442-7779	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCMILLAN, JANETT 1350 E. NEWPORT CENTER DRIVE SUITE 201 DEERFIELD BEACH, FL 33443		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD <input type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORNSBY, RICHARD L.	NAME	Smith, Donald L.
STREET ADDRESS	1350 E NEWPORT CENTER DR	STREET ADDRESS	1350 E. Newport Center Drive
CITY-ST-ZIP	DEERFIELD BEACH, FL	CITY-ST-ZIP	Deerfield Beach, FL
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OBENAUF, HENRY C.	NAME	Smith, Kevin M.
STREET ADDRESS	1350 E NEWPORT CENTER DR	STREET ADDRESS	1350 E. Newport Center Drive
CITY-ST-ZIP	DEERFIELD BEACH, FL	CITY-ST-ZIP	Deerfield Beach, FL
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORELID, JAN A	NAME	
STREET ADDRESS	1350 E NEWPORT CENTER DR	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH, FL 33442	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMILLAN, JANETT	NAME	
STREET ADDRESS	1350 E NEWPORT CENTER DR	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DONALD L. III	NAME	
STREET ADDRESS	1350 EAST NEWPORT CENTER DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		Date: 4-9-04 Daytime Phone #: 954 429 1500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	